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OBSERVATIONS ON SELECT SUBJECTS IN SURGERY.

BY MR. SIMMONS.

(Continued from our last, pp. 7—10.)

ON AMPUTATION.

AN historical detail of the material improvements successively introduced into the operation of amputation, would exhibit no bad specimen of the progress of the human mind, in its advancement from rudeness towards refinement. My present object, however, as introductory to the observations that follow, is to offer nothing more than a rapid sketch on the subject.

In the most rude state of the art of surgery, the limb was amputated by a perpendicular incision, without saving either muscle or integument towards covering the wound, and the actual cautery was the means employed to suppress the ensuing hæmorrhage. Such an operation as this, in those ages, would in itself expose the life of the patient to the most imminent hazard, as the hæmorrhage would very commonly be renewed on the exfoliation of the eschar, so as again to require the immediate application of the cautery. A succession of sloughs would in this manner be formed, according to the frequency of its repetition, and the loss of blood on the separation of each, even though not considerable in quantity, more than an enfeebled constitution could well support. With these sources of apprehension, the pain, at times inevitably severe, and long and draining discharge from so extensive an ulcerated surface, would also combine, and render a recovery, under such circumstances, rather an escape than a probable result.

The invention that came first in aid of this class of sufferers, was the securing of the divided arteries with the needle and ligature. For this the world is indebted to Ambrose Pare, who thought himself inspired, so delighted was

was he when he invented it. Unquestionably, it was a very great improvement; and not unlikely, at a later period, incited Fabricius Hildanus to the use of the cross-stitch; a simple expedient, which, while the muscles shrunk in their dimensions, would gradually approximate the severed integument, and very much accelerate the healing of the wound.

The flap-operation was a still further improvement upon this: but it is to be lamented, that soon after it was first proposed, it fell into disrepute, because several patients on whom it had been performed, died some time after. Yet, as the wound healed in these, surely it would have been more consonant to truth and reason, to ascribe their decease to the ravages of the pre-existing distemper that had led to amputation, than to infer it as the consequence of the new mode of operating.

The prevailing opinions in physiology will ever, more or less, influence the practice of the healing art; and as discoveries are progressively made in those branches of it most nearly allied to medicine, corresponding alterations will be produced in the views and conduct of the practitioner. To the present highly cultivated state of that science we are indebted for union by the first intention, now mostly aimed at after any chirurgical operation, and always I believe after the amputation of a limb. On the previous steps, however, of this operation, surgeons are not so well agreed; therefore, as my opportunities of experience in it have been considerable, I propose to offer a summary of the method which I now pursue. And for the sake of perspicuity, I shall arrange my observations under the following heads. 1. *Division of the soft parts.* 2. *Retraction of the soft parts.* 3. *Division of the bone.* 4. *Securing the arteries.* 5. *Binding up the Limb.* 6. *After-treatment.*

As a preliminary in every amputation, the proper application of the tourniquet need hardly be specified. Many varieties of this instrument are in use among surgeons, but the one which I prefer is delineated and described in the 8th volume of Medical Facts and Observations, edited by Dr. Foart Simmons. It has, at least, equal power, and possesses better security than any other. The tourniquet being properly fixed, we next proceed to the operation itself.

1. Division of the soft Parts. In an amputation at the usual place above the joint of the knee, (from which I shall take my first example) by a single incision I cut at once through the integuments and flexor muscles, in a straight line,

line, down to the bone, on the underside of the limb; and then, on the upper side, I complete the annular incision through the integuments *only*. These are next separated by dissection from the extensor muscles, which are now divided in turn down to the bone, likewise by a perpendicular incision, and close to the margin of the everted integument. The mass of muscles underneath is now detached from the bone to a proper distance, to correspond in length to the separated integument above; and lastly, any undivided muscular fibres that may still remain, may be severed by the circular motion of the knife. Of the quantity of muscle and integument together below, and of integument above, proper to be saved, the operator will judge by the rules generally prescribed, as by the union of both it will be his aim to completely cover the end of the stump after the operation. The advantages which I propose to the patient by this simple division of the flexor muscles, are, a quicker execution of this part of the operation; by not separating the integument from the muscles, less, or rather a very moderate degree of suppuration; and, after the healing of the wound, a more even surface, and better bolster to rest upon. Also, I might truly add, that a more speedy cure is thus obtained, than by any other method that I have practised.

But when it is necessary to amputate below the knee, with one exception, considerable variations are introduced. If the limb is moderately full of flesh, and there is reason to believe that the integuments will afford a proper rest in walking, the integuments and muscles should be divided in the customary manner: if, on the contrary, these parts are much extenuated, it will be expedient to form a flap. In forming the flap, my method is to push the point of the amputating knife, in an horizontal direction, at once through the substance of the leg in contact with the tibia and fibula, and then, in a line parallel to these bones, to carry it down to a suitable distance to form a flap of a proper size, when, by a sudden turn of the edge, the knife is made to cut its way almost directly out. On the upper side, I next make a *lunar* section, extending from angle to angle, through the integuments, which are now separated by dissection from the muscles underneath, as in the former instance. The remainder of this part of the operation will thence consist in the division of the extensors of the foot, and any other muscular substance yet undivided.

As by the closure of the extremities of the divided ar-

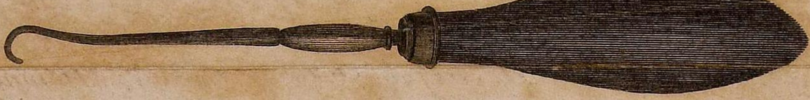
teries and contraction of a portion of their tubes, the muscles will necessarily shrink to nearly one half of their magnitude at the time of the operation, the flap should be formed sufficiently large at first to allow for this diminution. And the fitness of the *lunar* section of the integument over the tibia, to cover the thick margin of the flap, and save the weight of the body in walking from resting upon new formed skin, is sufficiently obvious. By it the healing of the wound will also be considerably expedited, and its permanency likewise established.

2. Retraction of the soft Parts. Thus far the operation may have succeeded to the wishes of the surgeon; but he will still incur disappointment in the result, unless the retraction of the soft parts be properly executed. For this purpose, different m ethods have been employed: the more simple ones have consisted of a piece of coarse cloth, or pliant leather, with suitable divisions for above or below the knee; and more recently, retractors of tin, or of iron, have been substituted for these. However, all are exposed to the objection, that they hinder a full view of the parts immediately concerned in this stage of the operation; and the latter, in particular, are apt to push the saw below the point marked upon the bone for sawing through it. When this latter accident does occur, the end of the stump is rendered uneven, to the patient's future inconvenience in walking; or, if in a still greater degree, it may terminate in an exfoliation, and prolong the cure. From some trials which I have made with a net-retractor, these several disadvantages may, I think, be obviated. A piece of a common cabbage-net, with suitable divisions in it, will answer the purpose very well. One made of silk may be still better in several respects, though perhaps not very material. But, whether the one or the other be preferred for general use, the meshes should be about a quarter of an inch square.

As the numerous fasciculi of muscular fibres, as well as the muscles themselves, are held together by cellular membrane, pressure upon many distinct points, without making it equably over the whole surface, will effectually keep them back. The operator will thus obtain a distinct view through the interspaces; and he will find a small hook useful to him to expand, narrow, or tighten any particular mesh. *(See the engraving.)*

3. Division of the Bone. Having completed the retraction of the soft parts, we next proceed to saw through the bone. Here especial care should be taken to support the

Mr. Simmons's new Surgical Instruments.



Dr. Hales Case of diseased Stomach.

Printed for Richard Phillips, 6, New Bridge Street.

the limb very steadily, and in a direction exactly horizontal; to apply the edge of the saw at a right angle to the bone; and, in working, to bear lightly upon it at the beginning, and again towards the close. These precautions are necessary, to prevent any unevenness at the extremity of the bone, and also to keep it from splintering. And, to avoid any obstruction to the working of the saw, the upper assistant should very gently elevate, while the lower one correspondently depresses that portion of the limb respectively consigned to the care of each. Yet, if after all this assiduity and attention, on the part of the surgeon and his assistants, any splinter or spicula of bone should remain, it may be taken off by the bone-forceps, or blunted by the file. Surgeons are in the habit of using a common file for this purpose; but, on all occasions, and especially in a large muscular limb, a file with a rest for the fore-finger upon the back of it, and a curvature leading to the handle, will be found more convenient. *(See the engraving.)*

4. Securing the Arteries. An important part included in the operation of amputation, is the securing of the divided arteries. These should be very deliberately, and very diligently sought for, drawn out by the tenaculum, and then secured by ligature, firmly but steadily drawn. It was formerly the practice with some surgeons, as they supposed, to prevent it from slipping, and to give additional security, to pass a ligature by means of a needle thro' the extremity of the bleeding veseel; a precaution that is at least superfluous, as I have never yet been surprized by hæmorrhage, after amputation; and I have never employed any other instrument than the tenaculum.

5. Binding up the Limb.—As we now always aim at union by the first intention, much sedulity is here required. In an amputation above the knee, first removing every thing tight, the integuments should be drawn down, and supported by a few turns of a roller passed round the limb; the blood is then sponged up from the surface of the wound, the muscles are properly disposed, and the ligatures likewise arranged. The lips of the wound are then brought accurately into contact, and in this position secured by strips of adhesive plaster transversely applied. In applying the plasters, care should be taken that they adhere to the lips, which otherwise are apt to retire. Over all, the usual dressings and bandage are now placed, and the patient is carried to bed.

In an amputation below the knee, where the integument

 only

only is preserved to cover the end of the stump, the lips of the wound should be retained in contact in a perpendicular direction, or the upper angle of the tibia may force its way through the skin, producing ulceration, and perhaps an exfoliation from the bone. To this direction of the wound, the plasters should be applied also transversely, and the whole secured as in the former instance.

But, when the operator has thought proper to form a flap, the above instructions will be somewhat varied. In adjusting the parts in this case, the portion of integument included in the *lunar* section should be drawn down, so as to form a sort of cup for the reception of the flap, which will then be lifted into its proper receptacle, and retained in it by the adhesive plasters and other dressings.

6. After-Treatment. The operation may now be considered as finished in one of the several ways which I have proposed; yet, to attain success ultimately, much still remains to be done. Alarming accidents may and do supervene after amputation, and are so diversified in their nature, as on some occasions to require an opposite mode of treatment. But, my present observations are meant to apply to that state of the system connected with scrofula. The long continuance of a white swelling prior to amputation, has commonly so impaired the patient's health, and exhausted his strength, as obviously to interdict any means of depletion; and will render it necessary to prevent the loss of blood as much as possible during the operation.

To abate local irritation, and tranquillize the mind, I commonly keep the patient under the gentle influence of opium for a few days, by giving half a grain of the substance, or ten drops of the tincture, every six hours, recollecting to double the evening dose. Where the occasion is less urgent, the full dose at night, and half next morning, will often suffice. The morning dose is chiefly prescribed here to relieve the head-ache, languor, and nausea, left by opium in some constitutions. Were it not sold as a *nostrum*, the *black-drop* might be substituted with advantage for every other internal preparation of opium, as it is free from their unpleasant effects.

In a day or two after the operation, if not contra-indicated by any particular symptom, to support the strength, promote good suppuration, and forward the disposition to heal, the bark may be exhibited. And if it should load the stomach, or act on the bowels, a useful corrective will be found in a few drops of tincture of opium in each dose.

To

To these remedies should also be joined a light and nourishing diet

For the most part, the first dressing should be made on the third day after the operation, and then daily, except the second dressing, which I like to defer another day later, to give time for a more firm union in the parts that may have adhered. But the early dressings should be renewed with great care and exactness; because it is still in the power of the surgeon to correct inadvertency, or supply omission, and to mould the stump into almost any shape. Finally, the ligatures may be expected to come away in ten or twelve days, and the cure completed in two or three weeks; the patient's health and strength recruiting gradually with the healing of the wound.

[To be continued.]

Essay on the Origin of the Epidemical Fever in Spain, *with an abridged Plan for its Cure, and some Proposals to prevent both Progress and Return of similar Epidemics. By* W. Domeier, M. D. *Physician to the Forces.*

THE investigation of the cause of the epidemic, now ravaging the south of Spain, Marseilles, and Leghorn, is certainly a matter of the utmost importance, as well to the speculative philosopher and practical physician, as to the inhabitants who labour under this horrid scourge, because it is the only way to find out an infallible cure. I venture therefore to hope, that a few observations, even in this abridged manner, such as the limited room of this Journal prescribes, will be acceptable to its readers.

Suppose I should have the misfortune, not to convince every one of what I state, on account of the brevity to which I am obliged to confine myself, I am, notwithstanding comforted by the reflection, that it is always useful to consider matters, belonging to the practice of physic, in different points of view, till infallible cures shall be discovered. By these means the truth is sooner found out, than if the disease should be always treated in the same imperfect way. Many important truths, when first discovered, have met with the fate to be rejected, but, on more mature consideration, were afterwards generally acknowledged. Who does not know what adversaries Gallilleo found,

when he published the revolution of the Earth round the Sun; yet, is there any body who doubts it now?

Most of what I shall say of the epidemic in Spain, is, with little difference, applicable also to the plague in the Turkish states, to the yellow fever in the tropical climates, to the jungle fever in Ceylon, to the Hungarian fever, to the malignant ague epidemic in Italy, to the prison fever, to the ship fever, to the inirritative fever, to the typhus and to the low nervous fever, because all these denominations signify only different gradations or modifications of the same disorder, which manifests itself by symptoms of putridity, as they are commonly called. Amongst others, by a great prostration of strength; by derangement of the faculties of the mind; by blood, less apt to coagulate, when out of the vessels; by several appearances of the skin, viz. petechiæ, a change of its natural colour into a yellow or lead hue; a dry heat in the beginning, which feels unpleasant to the observer, and in the more advanced state, clammy and sometimes cold sweats.

The peculiarity, that all the above named fevers attack at the same time the generality of the inhabitants of a province, of a town, of a ship, or of a prison, convinces us, that its cause also must be a general one, and of a nature to influence all the inhabitants in a similar manner, because they all suffer alike. It cannot therefore consist in the diet, neither in the exercise, nor in the manner of dressing, nor in keeping regular or irregular hours, nor in the state of mind, nor in many other things, which are so differently observed by a whole public; though we remark at the time of an epidemic, a general and uniform aberration from the healthy state in all the inhabitants, or at least with so small differences, as additional causes, like uncleanliness, subterraneous habitations, &c. can easily explain.

Consequently we conclude, that the cause of so general and violent a distemper, exists in a circumstance which,

1. Is equal to its effect.

2. Which influences equally all classes of the inhabitants; and,

3. Of the greatest consequence for regulating the degrees of animal life; that is to say, to cause either good health, illness, or death.

Let us then examine, whether we might find in the atmosphere a cause, equal to, and in sufficient connection with, the effect, so as to be convinced that this cause is more

more satisfactory to a philosophic mind than any other that can be assigned.

It is certain, and an axiom in natural philosophy, that nothing in the whole of nature has a more general, sudden, uniform, and greater influence upon all classes of mankind, than the atmosphere; and that nothing is more essential to the continuance of health and life, than its qualities. The great influence of the atmosphere upon the human constitution is not only confined to breathing, but is manifest also by its effects upon the whole surface of the body in the following ways:

1. By pressure.

2. By imbibing the particles of the insensible perspiration.

3. By being partly absorbed by a set of vessels, distributed for this purpose over the whole skin.

Every practitioner, whatever his knowledge in Natural Philosophy may be, is aware, that certain alterations in the atmosphere produce certain alterations in our constitution, which we signify by the general denomination, DISEASE; and specify them according to the symptoms which most strongly strike us, by particular names, as plague, ague, rheumatism, dysentery, cough, &c. Or, is there any person who does not know, that rheumatism, cough, and pneumony arise after continued north-east winds? Colds and diarrhœas, after cold and damp weather? the first has even got the name from its cause. Typhus and dysentery after a hot summer? Ophthalmy after too bright an atmosphere? Chilblain after frost? Diminished sense of hearing in too rarefied an atmosphere?

I also call the attention of the reader to another fact, which elucidates in a great degree, what I wish to prove; I mean, that because some changes in the atmosphere happen pretty regularly in certain seasons, also some diseases make their appearance regularly in the same seasons. To this class can be reckoned vernal and autumnal agues; the plague in Egypt, when the atmosphere has imbibed numberless exhalations from the overflowing of the Nile. Cough and colds in the autumn. Dysentery and typhus in the latter end of the summer. Pneumony and sore throat in the winter.

Another strong proof of the remarkably great influence of the state of the atmosphere upon our constitution, we find in such diseases as are peculiar to particular countries, and which originate mostly from particular qualities of the atmosphere in those countries. This is in a number of instances

instances so accurate, that we could undertake to write a pathological geography: In which, Egypt would be the country of Ophthalmy; the Turkish dominions, of the Plague; Low Hungary, of the Hungarian Fever; the Antilles Islands, of the Yaws; Barbadoes, of Elephantiasis; the West Indies, of the Yellow Fever; America, of Syphilis; Ceylon, of the Jungle Fever; England, of Asthma and Gout; Holland, of Ague; Swisserland, of Bronchocele and Cretins; Poland, of Plica Polonica; Lombardy, of Pellagra; the North Sea, of Scurvy. But these examples, I presume, are sufficient to prove, that a particular state of the atmosphere produces particular diseases, corresponding to this state.

This being proved, let us now consider:

1. What is the particular state of our atmosphere proper to preserve health and life? and,

2. What alterations happen, capable of causing indispositions, or an aberration from good health?

To the first question, I answer, that an atmosphere, fit for breathing health and life, ought to consist of seventy parts of nitrogen, twenty-seven of oxygen, and commonly three of carbonic acid gas. This contains nearly also the answer to the second question; namely, 1. That each variation from this particular state is productive of some one or other disease, even of death, if the oxygen gas is altogether nearly wanting. 2. That each addition of strange aeriform fluids renders the atmosphere more or less fit for respiration and productive of diseases, according to their quality or their quantity, by which they diminish the proportion of oxygen. Their quality, like sulphuric vapour, is sometimes so baneful as to end life immediately.

After having endeavoured to convince by what has been said, that different states of the atmosphere have the power either,

1. To continue animal life; or,

2. To end it; or,

3. To produce diseases:

We turn our attention to the symptoms of the epidemical fever in Spain, and of the epidemics in general, which are nearly related to that one; and we shall soon be persuaded that they are produced by want of oxygen in the animal body.

Oxygen being the cause of excitement, which is wanting in this malady to a degree not sufficient to produce either appetite, or to perform voluntary motions, or some natural functions: and also, the blood not having the florid colour which proceeds from oxygen, and when out of

of the body, becoming putrid some hours sooner than the blood of a healthy man; the skin losing its natural colour, and taking a yellowish red, or other hue; the strength being totally prostrated, the faculties of the mind disturbed, the external senses weakened and inactive, the blood so thin that it extravasates from the mouths of the vessels, causing both petechiæ and nose-bleeding; the carbon exhaled from the lungs, not being sufficiently united with oxygen, precipitates both upon the tongue and teeth;* the abundant carbon in the excrements, which manifests itself by their black colour, and the eagerness of the patient for acid things are, sufficient reasons to conclude:

"That the *next cause* of the epidemic in Spain is want of oxygen in the constitution."

But the great source of oxygen in the animal body being the atmosphere, from which it is taken both by the lungs and skin, we may with equal reason conclude, "that the *remote cause* of the epidemic in Spain, consists in an undue proportion of the component parts of the atmosphere."

To elucidate this way of arguing further, it may be proper to convince the reader by some symptoms of the distemper, that an alteration in the atmosphere alters also its effect *upon the surface of the animal body*. For, we observe on the skin a burning heat, clammy cold sweats, petechiæ, discoloration, and a constricted state of it; symptoms which lead us to judge fairly, that the usual absorbing powers and pressure of the atmosphere are diminished; and being in want of oxygen, it absorbs this substance more eagerly from the surface of the body than usually. From this particularly proceeds the great and sudden mortality of the yellow fever and plague, because the patient does not only breathe enough of a substance so essential to the continuance of animal life, but loses rapidly what he has, through the exhalent vessels of the skin; neither can the absorbent vessels recover it from an atmosphere where there is nothing to be got. From this loss originates also the yellow colour of the skin, because oxygen bleaches solid parts in acidifying them.

We must not pass by in silence an additional demonstration of an empirical remedy, administered to avoid the pernicious influence of the atmosphere upon the skin; I mean,

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* In a state of good health, a part of the oxygen which is inspired, is again expired, saturated with carbon, forming carbonic acid gas.

I mean oiling the whole body; a remedy which has acquired a great name amongst the remedies recommended against the plague, and has lately also been made use of against the epidemic fever in Spain. The Hungarian shepherds were long acquainted with it, as a preventive remedy against the Hungarian fever; they oil their shirts, and are sure to escape the distemper by this means, though they are, during many months, night and day, exposed to the open air. What other effect can this remedy produce than to prevent the oxygen from eagerly passing through the skin, to supply the atmosphere with what it is in want of? A similar circle we observe throughout the whole of nature. A cold body gives a part of its heat to a warmer one; a dry atmosphere absorbs the humidity from the wet soil, and lets the water fall again to the dry soil, &c.

The reader having been convinced by what has been said, that want of oxygen in the constitution is the next proximate cause, and an undue proportion of the component parts of the atmosphere the remote cause of the epidemy in Spain; perhaps it may be asked, what has produced this undue proportion of the component parts of the atmosphere particularly this year? And in what does this alteration consist? This I shall now endeavour to elucidate, that I may remove all difficulty.

We are acquainted with no operation in nature which causes so violent, manifold, and sudden effects, as subterraneous fire, not only by its expansive powers, but by its developing enormous masses of aeriform fluids, which finding no room in the internal parts of the earth, must make its way more or less violently into the atmosphere, according to the degree of opposition. Perceiving at the very first view some relation between this cause and the effect we have now spoken of, we shall examine it more minutely, to see, whether it will prove sufficiently satisfactory.

But, before I inquire farther into this circumstance as a cause of the corrupted atmosphere, I think it incumbent upon me to prove, that gases, especially such as are pernicious to animal life, do really pierce through the surface of our globe, and mix with the atmosphere, which is best done by facts, as the shortest and best demonstrative mode. One of the most striking instances of this sort we see in the Grotta del Cane near Naples. The man who opens the door, makes, for the entertainment of the traveller, the cruel experiment; which proves strongly, that a gas, unfit for

for respiration, pierces through its bottom, and impregnates the atmosphere. He puts the nose of a dog near the bottom of the Grotta, where the pernicious gas is in a small degree diluted with atmospheric air, and the poor victim falls within a minute into convulsions, and dies if he is not brought immediately to the atmospheric air again, where he revives, to be exposed another day to the same pneumatic experiment, which after four or five repetitions, ends its life irrecoverably. The gas piercing thro' the bottom of this Grotta is, as been proved by experiments, the carbonic acid gas, developed by the fire of Vesuvius.

After the eruption of this mountain in 1794, several inhabitants at Portici, and in the neighbouring villages, lost their lives in going rashly into their cellars, by suffocation, occasioned by carbonic acid gas, which had pierced through the bottom.

At the foot of the volcano it happens frequently, that hunters lose dogs, as they pass, in their course, a stream of the beforementioned fatal gas. Asses likewise, when grazing, fall now and then a victim to it.

The same gas, originating from the same cause, is found under the antient theatre at Pompeij, and in some places of France; also at Pyrmont, not far from the well of the mineral water, is a spot, where birds, in passing it, drop down dead, on account of this same gas piercing through the ground.

Classic authors mention the same fact above the surface of the Lago d'Averno, which, however, is not the case in our days. Virgil says,

> "Ubi venere ad fauces graveolentis Averni."

And the same author, in another place,

> "Quam super haud ullæ poterant impune volantes
> "Tendere iter pennis, talis sese halitus atris
> "Faucibus effundens supera ad convexa ferebat
> "Unde locum Graij dixere nominê Aornon."

This fact appears remarkable, in so far as it proves that gasses piercing through the bottom of the sea may come to its surface, and show different effects according to their quantity, and the violence with which they are forced up. Does it not throw some light upon the origin of hurricanes?

These facts are convincing that aeriform fluids, especially carbonic acid gas, arise through the surface of the earth, and lowering the state of the atmosphere must be productive of diseases. We are now naturally led to the question,

question, by what means the carbonic acid gas is developed, and mixed with the atmosphere? We see two principal causes to effect this.

1. Either mere heat, which by heating calcareous matters, expels the carbonic gas, contained always in great abundance in these substances. (A process we imitate in making quick lime.) Or,

2. Sulphur (one of the most common nourishments of subterraneous fires) after being burnt, is converted into sulphuric acid, which coming into contact with calcareous substances, expels likewise all the carbon with which it is saturated.

If this new produced gas is generated in enormous quantities, which cannot find an easy outlet, but must force its way with violence through the surface of the earth, it makes fissures and cracks, of which earthquakes are the consequence. May not this also be the origin of hurricanes?

It remains, lastly, agreeably to my purpose, to examine, whether there have been appearances, which prove a greater activity of subterraneous fire this year, than in those years in which no epidemy of that kind has prevailed? By which fire, according to what we have said before, a greater mass of carbonic acid gas, and of other aeriform fluids, unfit for respiration, have been forced into our atmosphere. That this has been the case, I shall prove by some select and convincing instances.

1. Vessuvius has been active to a considerable degree, and has thrown out uncommonly great quantities of lava, after a perfect repose of ten years.

2. Earthquakes have been very frequent in Spain, in Tuscany, in the ecclesiastical state, in Guernsey, at Kingston, at Sumatra, at Mantura, and in many other places.

3. Hurricanes in the West Indies have been more violent than usual.

4. Near the fortress Phanagoria in Russia, there was a considerable volcanic eruption in July last; a new mountain rose,* which, when it came to the height of twelve fathoms, burst with a noise like thunder, threw out a gas of a disagreeable smell, ignited stones, &c. and a part of the lake near to it appeared dry.

5. Superficial

* A phenomenon we are already acquainted with; the *Monte Nuovo*, near Naples, is another instance of it. Also, whole islands risen from the sea.

5. Superficial earth fires have been observed in several places.

After these quoted facts, no person will doubt any longer of the unusual great activity of subterraneous fires during this year, which cannot exist without developing enormous volumes of carbonic gas, because nothing is more common than calcareous fossils, which always contain carbon. I think that this, and every other circumstance, is now so minutely explained, that every body will consider himself entitled to conclude: "That the remote cause of the fever in Spain, Marseilles, and Leghorn, is the fatal superabundant addition of carbonic acid gas to the atmosphere, originating from the direct or indirect effect of fire upon calcareous substances in the bowels of the earth." The truth of which is still more strengthened by a negative way of arguing; I mean, by not being able to find out another cause, which answers equally well this extraordinary and sudden effect of such extent, violence, and duration.

Or, if any person doubts, without good argument, what I have stated, I request him to try, whether he can discover another cause, that will give more satisfaction.

Before I proceed to the cure, I call the reader's attention to the phenomenon of the ignis fatuus in marshy countries, as an instance also, that other gases are found as noxious additions to the contents of the atmosphere. The ignus fatuus is hydrogen gas, which burns when it comes in contact with the atmosphere, and is most common in countries frequently visited by agues.

CURE.

After having demonstrated the cause of the epidemy, it is now incumbent upon us to propose a cure, which opposes both the proximate and remote cause; and being founded upon the removal of it, there is full reason to expect that this mode of treatment would always answer. And it certainly would, if only the method could be found out of making the stomach bear the *quantity* of the remedy adequate to the degree of the distemper.

To elucidate this proposition, I quote a fact, that every practitioner succeeds in curing intermittent fevers of little resistance. But those, who are afraid of giving several ounces of the bark in the course of twenty-four hours, do not cure the obstinate ones, though they administer the proper remedy, only not in a sufficient dose. Would the

sufficient

sufficient quantity of bark for curing obstinate quartan-autumnal fevers, injure the stomach, as a *too large dose* of vitriolic acid does, we should leave them uncured, as we have till now left the plague and yellow fever.

In order to oppose the cause of this epidemy (which should be the object of every rational cure), we must endeavour to supply the constitution with a sufficient quantity of oxygen, and prevent the escape of what remains in the body. For obtaining the first point, nothing is equal to

Mineral Acids,

Because no article in the materia medica contains in the same bulk more oxygen, therefore no other remedy can answer the purpose equally well. But as in the higher degrees of the distemper, viz. plague, yellow fever, and in the worst cases of the reigning epidemy in Spain, the stomach cannot bear the quantity necessary to effectuate the cure, it is of great importance to administer, together with the acids, other remedies, which answer the same end.

1. Give from thirty to one hundred drops of the vitriolic acid, diluted with barley water, and repeat it several times in the day, according to the degree of the malady. The best way to take it, is to suck it through a tube, to avoid setting the teeth on edge. I recommend especially the hyper-oxygenated muriatic acid, because it separates easiest from its super-abundance of oxygen.

2. Cover the whole body with ice or snow, and where that cannot be had, throw cold water over the patient, or cover his whole surface with camphor, made into an ointment with eggs, or any other substance which dissolves it well.

3. Make the sick breathe oxygen gas, mixed with atmospheric air in a proportion adequate to the degree of the disease.

4. Administer clysters of dissolved crystallised acid of lemons, or of vinegar, to patients of the lower class. Give only from three to four ounces at a time, that it may remain in the rectum, and become in part absorbed.

5. Genuine wine should be the common beverage. Rhenish is the best; next to it, port. Strong good porter may also be taken with advantage.

6. Let the patient drink frequently, but not too much at once, as the beverage would go off too quickly by the urine.

7. Expose the sick to a constant draught of air, and let the

the room be cool, for cold air being more condensed, the same bulk must contain more oxygen than in a rarified state. Bring the patient into the open air, especially upon an elevated situation. Carry him in open carriages, waggons, or chairs. Let him ride on horseback, if he has strength for it. He breathes by these means oftener, changes the atmosphere, and meets in consequence with more oxygen.

8. Keep the sick room clear of every thing which may lower its atmosphere. Remove the night stool, the foul linen, &c. and let neither animals nor men be in the room, the nurse excepted.

9. Wash the sick room, bedstead, &c. with lime water, and expose it in large flat vases to the atmosphere to absorb the carbon of it, with which this fluid has a great affinity, as the surface shows after a short time.

10. The sick ought to occupy the largest room in the house.

11. Let the sick rooms in private houses, or wards in the hospital, be fumigated according to Dr. Carm. Smyth's method, in order to provide oxygen.

12. Fumigations with juniper berries, several kinds of woods, resins, &c. are not only of no use, but even prejudicial, by impregnating the atmosphere with vapours unfit for respiration. All these substances cause but a good smell, and deceive people if they believe that, from this circumstance, the atmosphere is also improved for respiration.

13. I need not say, what every body ought to know, that bleeding and purging are dangerous.

14. What the sick eats or drinks must be as cold as it can be procured, even icid, if it can be obtained.

These appear to me the principal rules for effecting the cure of the epidemical fever in Spain. Should they not prove successful in the worst cases, a number of lives, however, which would inevitably have been lost by improper treatment, like purging, blistering, or bleeding, will be preserved by this method. And as soon as ways and means can be found out to increase the doses of acids, the cure of that distemper will be as certain as that of agues.

There remains now another task, of equal interest to the public, namely, to shew how to preserve the health of those not yet attacked by the disease. The methods to be adopted must, of course, differ a little (though not in essential points) according to the epidemic, the climate, the local

local circumstances, &c. and ought, in regard to these, to be applied with discernment.

Proposals to prevent the Progress of an Epidemic.

1. In the first days, when the epidemic makes its appearance, object to no person who is in good health quitting the place. Only, if they go at a late period, after their oxygen is in a great measure spent, and they do not employ efficacious remedies to recover it, they must die at the place whither they retire; perhaps even sooner, as they exhaust themselves by precipitate and anxious journies. If they steal away, and go by night, on foot, in bad weather, by round about ways, through rivulets, marshes, and bushes, in order to elude discovery, they must fall ill, as a consequence of this imprudence and over fatigue. Leaving the town in the *very beginning* of the epidemic is of equal benefit, both to the healthy and to the sick, because fewer inhabitants consume less oxygen. This measure is especially of use in fortified towns, where the circulation of the air is interrupted by walls and ramparts, and rendered insalubrious by the stagnating water in the ditches.

2. If a cordon be already formed, permit at least the inhabitants of the town to abandon their dwelling houses, and to inhabit the highest mountains in their reach. Because the carbonic gas, on account of its greater heaviness, remains more or less in the under regions of the atmosphere, and the circulation is livelier upon the heights.

3. Remove dogs, monkies, and all superfluous animals from the place of the epidemic.

4. Let the people no where be crowded. In churches and theatres they must not remain long, otherwise the air becomes unfit for respiration, and produces the malady.

5. Pay particular attention to the cleanliness of the lower class of people, and to the Jews, who incline, in general, to dirtiness; which is not only hurtful to themselves, but also to their neighbours.

6. Should the epidemic happen in a maritime situation, send all classes of inhabitants, of all ages, and both sexes, to the sea to bathe; or to the river, if it happens in inland places. This can easiest be executed in a garrison.

7. Order the soldiers out of the barracks into tents, placed upon heights.

9. Allow

8. Allow no salt provisions, and let the people live more on vegetable than animal diet.

9. Procure large quantities of lemons and oranges, and give them to the poor, gratis.

10. The market for vegetables must be well stocked; especially with such of them as contain much sugar, viz. carrots, beet-root, parsnips, &c. and they should be sold at a cheap rate.

11. Roman Catholics must get indulgence from the church not to observe their fast days, especially in hot countries; where I often remarked the fish not to be sweet in the market.

12. Soldiers ordered on night duty, ought to take a glass of brandy in the evening.

13. Restrain the night duty as much as possible.

14. Advise and order the inhabitants to change their linen oftener than they commonly do.

15. Foul linen is to be washed immediately, because its exhalations are pestiferous.

16. Engage the minds of the people by public amusements. Let the military bands play more than usual; allow and invite rope-dancers, and all kinds of shows, to enter the town, in order to make the inhabitants forget their melancholy situation.

17. Suffer the principal persons of the place by no means to leave their station. Let them be actively employed in procuring relief of all kind; but they must appear gay and unconcerned, in order to fill the mind of the inferior classes with confidence; because the common people are guided in their opinion by the behaviour of the superior ranks.

18. Let genuine porter be sold under its price. The public should make up the loss to the publicans, or, which would be still better, sell it themselves, to have it genuine.

19. Order the churches, barracks, theatres, dwelling-houses, hospitals and prisons to be fumigated, according to Dr. Carm. Smyth's prescription.

20. Recommend gymnastic plays of all kinds.

21. The beds of the deceased must not be burnt in the town, because it lowers the state of the atmosphere, and makes a melancholy impression upon the mind, especially in small places, where every body is aware of the cause of the fire.

22. Each man, before he touches a corpse, is to take a glass of brandy, or of wine.

23. Publish and distribute gratis, rules for the healthy. Warn them, amongst others, to keep regular hours, to take sufficient exercise, to bathe daily, to air the rooms well, to keep every thing particularly clean, to wash and sprinkle the house and furniture with lime water, to be moderate in eating, to consume much fruit, to drink wine freely, to take strong lemonade instead of tea, to prevent animals, like dogs, monkeys, &c. from entering the dwelling houses, to retire in tents upon the mountains, to keep gay company, &c. &c. &c.

24. Provide enlightened clergymen and priests, who should discourage all despondency, else the patients will often not listen to medical advice, being impressed with the idea that they must die, and they must only prepare for this event. The sick are converted to pure fatalism by the ill management of the monks, of which I saw a number of instances in Italy. One of my patients at Rome was forbid by a capuchin to take the emetic, prescribed on the day he had taken the communion.

25. Each nurse, who attends patients, must be allowed a bottle of wine per day. The expence can be of no consideration, if human life is to be saved by it.

26. If lime can be procured, let the deceased, when buried, be covered with it.

27. By no means, and under no pretext, must any body be buried in churches or vaults.

28. The tombs ought to be made at a considerable depth, and superintended by public authority.

29. Do not over fatigue servants, soldiers, journeymen, &c.

An exact and judicious application of these means, with perhaps such additions as the local circumstances may render necessary, will be found effectual in stopping the progress of the distemper, and preserve the healthy from it.

I come now to the last task, to propose such measures as may be likely

To prevent the Return of similar Epidemics.

The rules to obtain this end differ considerably, according to the nature and cause of the epidemic, to accustomed diet, to local circumstances, &c. so that, properly speaking, they could be given only for a particular epidemic, and for a particular place and public, which, however, would lead me too far for my present purpose, and for this limit-

ed

ed space. Besides, it would be out of my power to give infallible rules for towns whose peculiar situations, and other particularities, which cause or influence the epidemic, I am not acquainted with. I shall explain this by some examples. In Egypt, the canals of the Nile must be cleaned, and brought into order, to prevent the return of the plague. In Hungary, the marshes must be drained and cultivated, to prevent the return of the Hungarian fever. This is the same in the Pontine marshes, which are not drained with sufficient skill, because the smaller ditches, joining in right angles with the principal one, obstruct the flow of the water in the principal canal. In long voyages, to prevent scurvy, the sailors and passengers must be very punctual in bodily cleanliness, eat much sour crout, drink lemon acid, and take bodily exercise.

Before we give particular rules for the prevention of an epidemic, we must beg leave to say a few words about the quarantine, whose laws appear not yet well regulated. In some cases, it is certainly an unnecessary interruption to commerce and travellers, and becomes hurtful when precautions at home are through it neglected. By what philosopher's calculation is it, that the infectious matter preserves itself forty days in ships which arrive from a harbour where any epidemic is reigning? Or, who has ascertained that the poison of the plague preserves its infectious nature as long as that of the yellow or epidemical fever in Spain? Has the length of the voyage no influence upon the powers of the infectious matter? Why is a ship from Jamaica kept equally long in quarantine as another from Spain? How is it to be ascertained, when the power of infection is over? Some physicians, who practised in the West-Indies, do not allow the infectious nature of the yellow fever? Suppose all ships from Constantinople, from the whole Levant, the Mediterranean, and from the West-Indies, were to perform the strictest quarantine before Egypt, the country still will not be free from the plague, till the ancient canals are restored. In former times, when the canals were in proper order, the plague was not known in that country; on the contrary, it was reckoned so healthy, that the Roman physicians, according to Celsus's account, used to send patients thither for the recovery of their health. If that country became a permanent province of a European power, the eradication of the plague may probably be expected, as the first benefit for the inhabitants.

In some countries, the inhabitants have found out their own remedy to escape an epidemic. They abandon some villages

villages in the Campagna Romana, and the houses of the Pontine marshes, during some of the summer months, because they know by a long experience, that remaining where they are, they fall victims to malignant agues. In some instances, they go to a neighbouring village, at a small distance, situated only higher, and find perfect safety. This last mentioned epidemic originates, in all probability, from an addition of hydrogen gas to the atmosphere, which takes its origin from marshes, stagnating waters, and putrefaction of vegetables.

We come now to the preventive rules, and propose in general, that in Spain, which an epidemic ravages so frequently, the land should be manured, by public order, with lime, because it absorbs eagerly the carbon from the atmosphere, and parts with it again to the vegetables, growing in the same soil. The lime having parted with this substance, soon absorbs it again from the atmosphere, and parts with it again, by which circle it becomes a lasting remedy, which promotes at the same time vegetation, because plants want nothing more for their growth than carbon. This is also the reason, that in some places in Italy, where no man can preserve his health during the summer, the vegetation is extremely luxuriant, because plants find that principle in abundance, which promotes their growth, and injures animal life.

If all the African towns, which the plague often depopulates, have such narrow streets as I saw at Tetuan, (through many you cannot go on horseback, on account of their narrowness) they ought to be built wider, and strait, and the windows, or rather holes, for letting in air and light, must be larger. Besides this improvement, procure European physicians, who are philosophers, to be able to give proper advice in the beginning of the plague, in order to stop its spreading, and to devise a method to prevent the return of the calamity.

Are the Spanish towns kept equally dirty as wh at I saw Lisbon? the first object ought to be, the introduction of a better police. The metropolis of Portugal, on account of its dirty streets, wherein all filth, chamber-pots and night-stools not excepted, are thrown, would have every year a similar epidemic, if it were not prevented by its high airy situation, and by the flowing of the Tagus, both which cause a constant change of atmosphere, so that when hardly impregnated with the exhalation of the filth, it is caried to other regions, especially by the lasting north winds urin g the summer.

Build

Build in all towns near the sea or rivers, where epidemics make their appearance, subterraneous drains, to carry off immediately all kind of dirt and filth, before it corrupts by its exhalations the state of the atmosphere.

Let the new buildings be superintended by a public architect, to have them built airy. The doors and windows must not be on the same side, as I have seen at Gibraltar, as, in this case, the air of the room cannot be sufficiently renewed. Attention to this circumstance is the more necessary, as people in hot climates are inclined, for temporary convenience, to exclude the sun from the rooms; not reflecting, that by preventing the air from entering, they hereby give rise to an additional cause for epidemics; a proceeding which ought therefore to be prevented by public authority.

The inhabitants of Gibraltar have frequently committed the error of excluding the access of fresh air to their dwelling houses, being limited much for room to build upon.

Many people must not sleep in the same room, and the chamber-pots must be cleaned immediately in the morning. In Lisbon you find the whole family sleep upon the floor, in the same room in which they live and dine. I entered sometimes in the morning such rooms, before the windows were opened, and was in danger of being suffocated.

Air prisons and ships carefully, wash them with lime water, and fumigate them according to Dr. C. Smyth's method.

On the prevention of the return of the distemper, much more may be said than I have advanced in these pages; but to lay down rules with any benefit, they should only relate to a particular place, which would lead me too far.

Though much more may be observed on this subject, so very interesting to human happiness, I feel myself obliged here to conclude this Essay, as the place in which it appears does not allow of prolixity.

I should be happy and fully rewarded for my present labours in the cause of those who are suffering by an epidemic, if the adoption of these proposals should be the means of affording them relief.

Gosport, Dec. 1804.

A singular Case of Malformation of the Heart; *Communicated by* Mr. Ring.

[With an Engraving.]

AN account of appearances observed, in examining the bodies of those who die of incurable diseases, is of no small importance. It enables the practitioner to form a just prognostic in similar cases; prevents the patient from being tormented with painful and useless applications; and furnishes the physiologist with means of ascertaining the functions of the various parts of the animal economy, which could not have been so well ascertained from an examination of those parts in a healthy state. Hence it may be useful to insert in your Journal, the following history of a singular deviation from the natural structure of the heart.

Caroline Mergauts, No. 152, Swallow Street, was born June 20, 1802. From the time of her birth, she laboured under a great difficulty of breathing. Her complexion was, in some parts, of a lead colour; in others, of a bluish purple; particularly in the lips.

Twice every day she had fits of crying, or rather screaming, which lasted several hours; during which the chest was much convulsed.

The paroxysms gradually became longer, and more violent; so that, at length, she had scarcely an hour's interval of ease either day or night. She suffered, in consequence, the most extraordinary degree of emaciation. During the last fortnight of her life, she seemed to take no notice of any thing. She died on the 20th of June 1803, which was the first anniversary of her birth.

I was consulted, when she was five months old, concerning this case; which had been mistaken for one of common convulsions. I communicated to the mother my opinion of the nature of the disorder; and endeavoured, by anodynes and antispasmodics, to alleviate those sufferrings which the healing art could not cure.

After the death of the child, leave having been obtained to examine the body, I requested Mr. Astley Cooper to undertake that office; Dr. Jenner, Dr. J. Walker, and myself, being present.

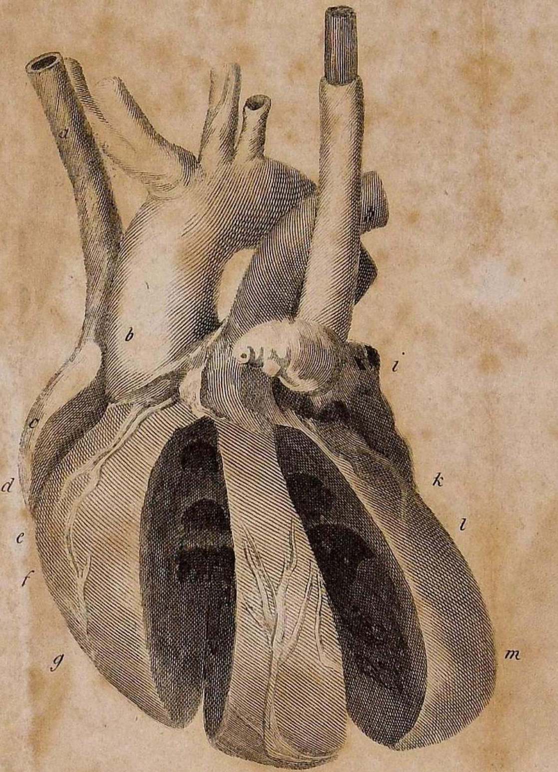
Appearances after Death.

The heart was the only viscus, in which there appeared any remarkable deviation from the natural structure. It was thicker than common at the apex; approaching rather to the form of a cube, than of a cone.

The

Mr. Ring's Case of Malformation of the heart.

Anterior View



Posterior View

Printed for Richard Phillips, 6, New Bridge Street, London. Feb. 1. 1805.

The ventricles bore a greater resemblance to those of the turtle, than of the human heart. There was a large opening in the septum of the ventricles, near the aorta. The septum of the auricles was totally wanting.

The vessels were connected with this organ in the following manner. The inferior cava entered its basis on the left side instead of the right, passing through the centre of the diaphragm; and the fissure for that purpose, in the liver, was more on the left side than usual.

There were two superior cavæ; one terminating in the usual manner, in the right auricle, and the other in the left; if they could properly be distinguished into right and left, when there was no septum.

The aorta arose from both ventricles; not, as usual, from the left alone. The pulmonary artery and veins pursued their ordinary course; but the pulmonary artery was much smaller than usual.

Deviations from the natural structure of the heart, producing blueness in the skin, such as existed in this case, are not unfrequent; but in the present instance, the deviation was one of the greatest that has hitherto been described. In a common case of malformation of the heart, in which the aorta arises from both ventricles, a deficiency in the septum of the ventricles has also been found, at the part where the aorta arises. Hence it must receive venous blood, as well as arterial: yet, as that part of the vessel which arrives from the right ventricle is smaller than the other, it receives less venous than arterial blood. Such a defect in the vascular system, and the defect of oxygenation, which is the necessary consequence of a want of due circulation through the lungs, is apparent in every part of the body; particularly in the most vascular parts, such as the lips and cheeks; which, instead of a florid colour, are of a livid hue.

But in the present instance, exclusive of those ordinary deviations from the common course of nature, a mixture of venous and arterial blood took place in the auricles, from the total want of a septum; and would in some measure have taken place, had they been furnished with a septum, from two of the venæ cavæ terminating on the left side. The aorta, therefore, at both its origins, must have received partly venous, and partly arterial blood. Under all these difficulties, it is not surprising that this infant did not survive the period before mentioned. It is rather a wonder that she lived so long.

New Street, Hanover Square.

Copy

Copy of a Letter from MR. THOMAS CHRISTIE, *to* DR. DE CARRO, &c. &c. &c. *of Vienna.*

SIR,

THE honourable Frederick North, Governor of Ceylon, has favoured me with the perusal of your work, on the progress of vaccination in Greece, Turkey and India, with the letter which accompanied it; and I have much pleasure in complying with His Excellency's commands, and your request, by giving some account of our success in that pursuit on this island.

From some passages of your work, I perceive you are acquainted with our progress in vaccination, up to the latter end of the year 1802; during the three last months of which, we inoculated nearly ten thousand people of all descriptions, in the different parts of this island.

Since that period, circumstances have been less favourable to our success, in extending the beneficial effects of this discovery, owing to the existence of a war in the interior of this island, which has called for the services in the field, of many medical men, who were most zealous promoters of vaccination, and has for a time thrown many of our own districts into a state of confusion and insurrection.

Notwithstanding these striking disadvantages, however, we have succeeded in keeping up a succession of patients with the true disease, at almost every considerable station on the island, since the first introduction of cow-pox on Ceylon in August 1802; and have, in all, extended our inoculations to upwards of twenty-one thousand persons.

On a tour round this island, for the purpose of inspecting the hospitals, and different medical establishments, which I have just finished, I was much graified to find from personal examination, that the disease existed in perfect purity at all the principal stations on Ceylon, and that the inhabitants, very generally, placed confidence in the preservative efficacy of the cow-pox, with the exception of the district of Jaffnapatnam, where the disease had become extinct, and vaccination got into disrepute, from the circumstance of a spurious disease having been introduced, after passing through which, several persons afterwards caught the small-pox.

This unfortunate circumstance is in a great degree, I believe, to be attributed to the practice having, at an early

early period after its introduction, fallen into the hands of native practitioners, who, after a few proofs of its success, were satisfied if a puncture was made, and some irritation and inflammation produced. On inquiry, I found that they had frequently taken the matter at a very late period of the disease, and that in many instances an elevated pustule containing turbid matter was produced, and in others a high degree of inflammation succeeded by malignant ulceration; but all of them were equally supposed to have passed through the cow-pox; and if any of them afterwards were seized with small-pox, the practice of vaccination was thereby brought into disrepute.

I may here observe, that however simple the practice of inoculation may appear, I have seldom met with any of the natives possessed of that neatness, attention, perseverance, freedom from prejudice, and discrimination necessary for carrying on the practice with success, which is considerably more difficult with native subjects, in whom the colour of the skin renders the areola much less distinct than with Europeans, in whom it forms a diagnostic mark of the disease which can seldom be mistaken.

In the south-west side of the island, where we have been most successful in our inoculations, we have never trusted the disease out of the hands of the European practitioners, or young men, natives of the island, who have been bred at the European hospitals; and even with these last, I find it extremely difficult to convince them of the necessity of watching the disease through its whole progress, for they are apt to be deceived by the apparent simplicity of the operation, and too often inclined to think, that if a puncture is made, and some degree of inflammation follows, productive of a pustule, it is sufficient, without attending to the more nice distinctions of the disease.

Before I left Jaffna, in the begining of this month, I had two patients with the genuine disease brought from another station, Trincomale; and from these I inoculated the children of some of the principal families of the place, waited a fortnight till the disease had run its course in a regular manner, and then inoculated many of them with small-pox.—No disease was produced from the variolous inoculation; and at the time I left Jaffna, I had the pleasure to see, that confidence in the preservative efficacy of the cow-pox was restored to many of the most respectable inhabitants; and I then intrusted the care of the disease to Doctor Stuzer, Medical Superintendant, who, I doubt not,

not, will be successful in gradually extending it through that district, which is the only one on Ceylon, which has not hitherto been essentially benefited by the effects of cow-pox inoculation.

By its benign influence, the small-pox of late has for the present been entirely banished from the popular districts of Colombo, Galle, and Matura, on the south-west side of the island; though for ten years previous to the introduction of the cow-pox, it had always, in a certain degree, prevailed in the Cittah of Colombo, and often occasioned the greatest ravages in the surrounding country.

With a view to lessen these ravages, Mr. North, with the attention which he always shews to the welfare and happiness of the people under his government, had, previous to the introduction of cow-pox, established hospitals for the reception of persons afflicted with small-pox, and confined inoculation to these hospitals, where it was promoted as much as possible; but notwithstanding every encouragement from government, and the greatest possible attention on the part of the medical gentlemen, only a few of the inhabitants were inclined to embrace the benefits of inoculation, and the natural small-pox continued to occasion considerable ravages, carrying off nearly one in three of all those who were seized with the disease. The appearance of small-pox in the more remote villages also often occasioned such a panic, that they were entirely deserted by the inhabitants; and the total stop to cultivation, and collection of the revenue, were the least distressing of the circumstances attending this desertion, as the wretched sick were too frequently forsaken by their nearest relations, and suffered to perish without assistance or nourishment.

It may be a fair calculation to suppose, that not one-half of the inhabitants of Ceylon escaped small-pox altogether; and as one-third of all those who were seized with it died, it would appear, that, that disease alone must have carried off, at least, one-sixth part of the whole population of this island.

The hospitals for the reception of patients with small-pox, and for the purposes of inoculation, were maintained at a very considerable expence for upwards of two years, and were certainly useful, by affording an asylum for persons afflicted with that disease, and also diminishing the risk of the infection being propagated in the natural form.

The benefit of inoculation, without injury to the community in general, was also extended to about four thousand

sand persons; but even of these, one in forty or sixty, and sometimes still a larger proportion, died; whereas even the native practitioners, most inimical to cow-pox inoculation, have never pretended, that in any one instance on this island, it ever occasioned death, or even dangerous symptoms.

You will therefore with pleasure perceive, Sir, that there are few parts of the world, where the discovery of Dr. Jenner has, in so short a time, been more extensively beneficial to mankind than in Ceylon, as, notwithstanding the disadvantages attending a state of warfare, it has been communicated to upwards of twenty-one thousand people, in the short space of eighteen months, one-sixth part of whom, or three thousand and five hundred souls, would, agreeably to a fair and low calculation, have otherwise died of small-pox.

This reflection must be peculiarly gratifying to you, Sir, to whose exertions and attention the Indian world are obliged for the introduction of the cow-pox into these regions, probably some years before it would have otherwise reached us, by the circuitous route of the Cape of Good Hope; of which you will be convinced, when I inform you, that even so late as last year, an attempt was made, under the auspices of the British government and Dr. Jenner, to send out the vaccine to India with a detachment of Artillery, which sailed in the Windham and Walpole from England in February 1803. On their arrival on Ceylon in the June following, the matter sent from England was upon trial found to be effete, and either from a want of proper subjects, or from the matter having become inert, the surgeon of the Artillery, Mr. Morton, had not been able to produce the disease once in the course of the voyage, although he had made many attempts, agreeably to the instructions he had received, which were written by Dr. Jenner himself, and by Dr. Rollo, surgeon general of British Artillery.

Thus this attempt, under the most favourable auspices, to send the vaccine to India round by the Cape of Good Hope, would, as many others, have entirely failed; but on the arrival of the Artillery at Ceylon, we had the pleasure of communicating the cow-pox to such children as were born on the voyage, from your Cisalpine stock, which had reached us the preceding year, by Bagdad, Bassora, and Bombay.

You are informed that the disease was first produced in this island at Trincomalé, by threads received from

Bombay

Bombay, in August, 1802; and from Trincomalé, it was speedily diffused throughout Ceylon, and also sent to Madras, and the other parts of the Coromandel coast; the threads sent there direct from Bombay having failed of success. From Madras, Dr. Anderson sent it to Bengal, in the ship Hunter, and it has thus been extended throughout the greater part of the Continent of India, and also sent from thence to the isles of France and Bourbon.

It appears however, that it had not reached Sumatra, or the other islands to the eastward, in the latter end of 1803, as by the arrival of a small vessel from Bencoolen last December, Mr. North received a dispatch from the Lieutenant Governor of Fort Marlborough, informing him, that every attempt to introduce it there, from dried matter, had hitherto failed of success, although the introduction of the cow-pox was most earnestly desired on Sumatra, as the ravages from small-pox were occasionally very great in that island.

His Excellency the Governor, with his usual zeal in the cause of humanity, immediately communicated his commands to me, to concert measures for the transmission of the vaccine, in an active state, to Sumatra.

Knowing the very uncertain effect of matter kept either in a dry or fluid state, for a considerable length of time, in this climate, I immediately, with the permission of His Excellency, procured six persons, who, there was every reason to believe, had not had either small-pox or vaccine, and embarked with them a medical assistant, who had long been in the habit of attending my practice, with directions to keep up the disease by successive inoculations, during the whole voyage, and to preserve a little matter from each patient. He was also charged with different packets of matter; and upon the whole, such precautions were taken, that I think there is almost no doubt of the objects being crowned with success, if the vessel reaches her destination.

On January 1, 1804, I inoculated the first of the six patients, with four punctures in different places, and on the same day the vessel was dispatched with her valuable cargo, and I believe was the first that ever undertook so long a voyage, which was calculated at four weeks, solely for the purpose of conveying the vaccine.

I have read with much attention and interest, the account given in your work of the grease and giardoni, as observed by M. La Font and Dr. Sacco, in Salonica and Italy,

Italy, and the hopes that Dr. Jenner and yourself entertain, that a similar disease will be found among the horses in India.

I most earnestly desire that your hopes may be realized; but assure you, that the subject has by no means been overlooked by me; since, as soon as I became acquainted with Dr. Jenner's opinion, with respect to the source of the cow-pox, and found that the dried matter sent from England to India failed of success, I immediately instituted inquiries with respect to the existence of the vaccine on the nipples of cows, or the true grease in the horses of this island.

In March, 1802, when I had the honour to accompany His Excellency the Governor in a tour round the island, this was one object of my inquiries; and by His Excellency's desire, I undertook solely for this purpose to visit the island of Delft, where there is an extensive stud of brood mares; but, after having been two days at sea, with a contrary wind, I was obliged to put back to Jaffnapatnam; I had however, afterwards, an opportunity of conversing with an English groom and a veterinary assistant, who had long attended the stud, and who assured me they had never seen any disease amongst the horses composing it similar to the true grease. The only one which approached to it was, what, from the name, I conceive may be the same mentioned by M. la Font, as the javart écrouelleux, the swelling of the fetlock joint, attended with fever, and followed by phagædenic ulceration, which often penetrated to the joint, and occasioned the death of the horse.

As soon as the cow-pox was established on this island, a medical officer was appointed at each of the principal stations of Colombo, Galle, Trincomalé, and Jaffnapatnam, with directions not only to promote the propagation of the vaccine, but also to watch over its preservation, and to supply the other practitioners with matter when required. It has seldom happened that the disease has become extinct at any of these stations; but when this, from any accident, has occurred, it has speedily been reproduced by matter, or vaccinated patients sent from one of the other stations. In this way we have been enabled to preserve the disease in perfect purity since August 1802, to the present period; and I think it is probable, that with care we may be enabled to keep up the infection for any length of time. I shall not, however, desist from my researches after the original source of the disease in the heels

heels of horses, or nipples of cows, and shall recommend to the medical gentlemen on this island the inquiries suggested by you on this subject, as objects highly deserving of their most serious attention.

Allow me to conclude, Sir, by assuring you, that, with the other practitioners in India, I am highly sensible of the great obligations we owe to you, for your exertions in introducing the cow-pox into this country, which must prove the most important blessing ever bestowed on the eastern world, where the ravages committed by the small-pox were even still greater than in the more temperate climate of Europe.

I have the honour to be,
With the highest consideration,
Sir,
Your most obedient humble servant,
THOMAS CHRISTIE,
Medical Superintendant General in Ceylon.
(A true Copy.)

Colombo, April 23, 1804.

Copy of a Letter from His Excellency the Hon. FREDERIC NORTH, *to Dr. De Carro, of Vienna.*

MY DEAR SIR,

I am infinitely obliged to you for your very interesting work, and the kind letter which accompanied it. The enclosed, from my friend Mr. Christie, Superintendant General of Hospitals in this island, will give you a complete idea of the success of our efforts in vaccination. I am happy to add, that it has succeeded in Sumatra, as I have been informed by a letter which I received this morning from Bencoolen.

I have the honour to be,
With the greatest truth,
My dear Sir,
Your faithful humble servant,
FREDERIC NORTH.

Colombo, June 1, 1804.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

FEW complaints are, I believe, more distressing to females than Procidentia Uteri; but how much more distressing must it be when accompanied with a laceration of the perinæum, I leave any one to judge. It is a complaint which, in a great measure, renders the unhappy sufferer unfit for society; and, surely, any thing which tends to lessen the inconvenience she labours under, and make her life more comfortable, must be a matter of some, if not of great importance. Such is the subject of the case I am about to relate, and which I take the liberty of requesting you to insert in your valuable publication. Twenty years ago, a lady, in her first and only child, had unfortunately her perinæum lacerated by a speedy labour. Her misfortune first became known to her by that worst of all symptoms, viz. a want of retentive power over the *fæces*; but how much more was her distress aggravated when she discovered a small tumour projecting as far as the *labia pudendi*. From motives of female delicacy, not, alas! uncommon, though certainly blameable, this lady kept her unfortunate complaint a profound secret for fourteen years, without having recourse to any means whatever. At the expiration of this time, which was in the winter of 1798, she became more alarmed than usual, in consequence of a sudden protrusion of the tumour a considerable way beyond the external labia; and now she became afflicted with a compleat procidentia uteri. From peculiar circumstances I at this time became her confidant; she was now in a very unpleasant situation, the tumour was almost continually down when she was not in a horizontal position, and was attended with a sharp and whitish discharge. Though perhaps not at this time very intimately acquainted with the true nature of this lady's complaint, I was yet very well convinced that she could not wear any of those kind of pessaries which are recommended by writers for procidentia uteri attended with a lacerated perinæum. Those who are partial to such pessaries may possibly ask, how was I convinced the lady had never a pessary of any kind? how then could I determine? To this I would answer, that the vagina was in so irritable a state as hardly to bear the touch of a finger; and when I mentioned the wearing of a pessary, she absolutely shud-

dered at the idea. I therefore merely advised her to wear a common T bandage. This bandage was of some, though not of great use; it had the effect of preventing a protrusion beyond the external parts, but this was all, for the tumour still came down as far as the *labia pudendi,* accompanied with a considerable and unpleasant discharge, which by its excoriating, was of course productive of much trouble and distress. While I was in London in the winter of 1803, the recollection of this lady's case induced me to pay a more than ordinary attention to this subject, while prosecuting my studies at St. Thomas's and Guy's Hospitals. Dr. Haighton, who lectures on midwifery at Guy's, was of opinion that the different pessaries contrived for procidentia uteri were but of little service, but strongly recommended the use of a sponge one. Fully conscious of the value of this eminent teacher's advice, I secretly resolved to make trial of it, in the case I am relating, the first opportunity. In June, 1804, I had the pleasure of seeing this lady, and found she was still continuing the use of the T bandage. Being in a very uncomfortable situation, and unable to walk above a mile without experiencing great inconvenience, I now directed the bandage to be discarded, and requested her to wear a pessary which I would prepare. I will confess I was rather doubtful of its success, for though I had heard Dr. Haighton recommend it, yet I was fearful that it might not have the good effect while that procidentia uteri was likewise accompanied with a lacerated perinæum. The trial was however made, and it succeeded beyond my most sanguine wishes. The manner in which I made the pessary was extremely simple. I took a roundish piece of common sponge, and sewed to its middle the end of a piece of tape several inches long. I now desired this sponge to be introduced up the vagina as far as possible, and then to be allowed to remain. This done, a few inches of the tape hung externally, which was pinned to her linen. The tape attached in these two ways answered two good purposes; first, it prevented the sponge falling to the ground in case of its escape from the vagina; secondly, it afforded an opportunity of drawing it out at any time when necessary. The lady now found herself compleatly relieved, and she, who for many years had been in much distress, and unable to walk to any great distance, was now by a very simple contrivance extremely comfortable, and, to use her own expression "as well able to walk to any distance as she had ever been in her juvenile days." I therefore recommended two of these pessaries to be made; a clean one

one to be introduced every morning, and the other to be immersed in any simple antiseptic water. It has, I believe, with some, been customary to make pessaries of sponge in a different manner from the plan I have adopted, and that is by forming a piece of sponge into a round ball, and then confining it in that form by strongly tying it with twine twisted in a variety of different ways. To this mode of making a pessary I would object; prepared in this manner it is merely a firm and compact body; the advantages of the sponge are, I may say, lost; and I think it is but fair to conclude that a pessary, made in such a manner, would irritate equally as much as a pessary made of any other substance. For the advantages of a sponge pessary are, its occasioning no pain, and its capability of expansion upon the application of moisture. If these are its acknowledged advantages, I will then say, that neither of them can be derived from the pessary made in the manner I have last stated. It cannot expand, for it is firmly bound down with twine at every part! It cannot be easy to the patient, for the friction of the cord against the vagina must produce pain! May not this mode of preparation have been the reason why, in some places, the sponge pessary has not been brought into more general use? If then it has proved of such utility in the instance I have recited, surely its effect will be doubly useful in simple cases of prolapsus and procidentia uteri. From the observations I have been able to make myself, and from the still more important ones of others, I am inclined to think there is no doubt of the manifest superiority which the sponge pessary holds over every other. If, indeed, we reflect but for a moment, how should it be otherwise? The other kind of pessaries are made of box wood, or ivory; these substances are hard and irritating, difficult to introduce, and when introduced, so painful as hardly to be borne. Independent of these, they have other disadvantsges, for the discharge which we always have in procidentia uteri from irritation, is either confined by these pessaries, or else allowed to pass out by means of an aperture, either of which must necessarily be inconvenient and unpleasant. Not so is it with the sponge pessary. It is soft, pliable, and easy of introduction, occasions no pain, and from its known absorbent quality, readily takes up all the discharge and moisture. I have not, gentlemen, made these remarks from vanity, or requested their publication under an idea that I derive any credit from them, for surely it were madness to think I could; any person, under similar circumstances, might have

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done the same, nay perhaps better. My only object was to write a true and simple case, in hopes of proving that the sponge pessary has decidedly the advantage over every other; to shew, that in a case of procidentia uteri with a lacerated perinæum, it succeeded most effectually; and to hope it will be the means of inducing practitioners to have recourse to it in cases of a like nature.

I am, &c.

Sunderland, Dec. 10, 1804. G. P. DAWSON,

Member of the Royal College of Surgeons in London.

To the Editors of the Medical and Phyfical Journal.

GENTLEMEN,

A Few reflections still remain to be offered on the Case of GASTRODYNIA, published in your 68th Number, according to promise. You have seen the manner in which I found myself compelled, from honourable motives, to withdraw my attendance. It appeared to me not consistent with my ideas of propriety, to receive emolument where I could no longer be useful: and it was not compatible with professional integrity, to be a passive spectator of a practice, which my colleague, in this case, could neither explain on his own principles, nor defend by those of any other authority. Some good probably arose from my short note to the husband; as it put him on his guard, and perhaps, prevented the threatened exhibition of *jalap and calomel!* For, according to a rule of comparison, If a saline enema, in fourteen hours, could procure seven dejections; what number must follow such a cathartic as jalap and calomel?

As soon as I was informed of the lady having dismissed her physician, which might be eight weeks from my retirement, I sent the case to her husband, that he might know the particulars in which I differed from Dr. Clark; and with the permission to copy it, if he chose to submit it to any London physician, who might be acquainted with the lady's constitution. Had this been complied with I should have abided by the decision. The difference of opinion between Dr. C. and myself, like all similar disputes, was now animadverted upon in some circles, with an asperity bordering on rancour. Not being an entire stranger

stranger in Newcastle, my cause was not left quite undefended; my few friends justified me with becoming firmness and spirit. It was however dogmatically decided, that "*it was presumption in Dr. Trotter to give an opinion on a disease different from Dr. Clark.*" Not being satisfied with the oracular authority of the sapient Pythias, who thus assumed the office of Priestesses to the Delphic god, I determined to send the case to your Journal, that professional men might judge my conduct; the only tribunal where its merits ought to be tried, as being alone competent to allow for the extraordinary situation in which I have been placed.

In thus laying the case before the public, I chiefly plead, *self-defence*, but, in another view, it is highly instructing; and it were well if all such dissentions were submitted to the public eye. Nay, had it not been for the liberal spirit of the Medical Journal, my reputation as a professional man must have been in danger. That there are many circumstances in medical consultation that may be unfit for the public eye, I readily concede: but that a consultation of physicians is to be considered as a Divan, or an Inquisition, where the lives of human beings are to be disposed of without the knowledge of society, has never yet been decreed by medical jurisprudence. The publication of cases, and animadversions upon them, have been admitted in all ages and times: it has prevented the ignorant and illiberal mind from taking shelter under the recovery of the patient, as daily done by the Quack and the Charlatan: it has given spirit to discussion; and collisions of sentiments and opinions, have in a great measure brought the healing art to its present perfection. A large proportion of medical gentlemen, in the present day, are employed in the Navy and Army of the Country: these gentlemen, in their turn, have all to retire from the public service, on a very slender allowance; or, in the emphatic language of Counsellor Erskine, "shivering and poor," as myself; and have only to look to the fruits of an honest industry, in the private exercise of medicine, for the support of their old age. But if they are to be brow-beat and worried, in their duty, by every affluent brother, they may be deprived of even the privileges of a virtuous poverty. It does not much redound to the honour of the age, that there are men among us, who, assuming all the airs of a Radcliffe without the talents, are invidious and jealous inquisitors of the practice of others, and surly dictators in their own; whose

will is their law: *Stat pro ratione voluntas*; and "*Bear, like the Turk, no brother near the throne.*"

In being associated with Dr. C. in this case, I met him with all the candour and openness of friendship, and with the respect due to a senior. I venerate age; but that veneration is not to be carried to the length of sacrificing independence of opinion. My sentiments in opposition to his, were delivered without the least tincture of resentment; and they have been published without the smallest feeling of revenge. He has it in his power to reply: but by silence it is not given him to treat me with contempt. From being his equal in professional rank, I am secured against that; and as his superior, in those gradations of study and education that lead to the fair and regular acquirement of medical honours, I am not afraid of being obscured by the bulk of his shadow. The case, as it stands on record, precludes the possibility of credit being derived from recovery; for recovery, after such treatment, only proves that the powers of Nature are sometimes paramount to opposing the grossest violation of medical science. But what is to repay the patient for the superadded pains which she endured? Or what can recompence a mother's affections for being deprived of that first pleasure, *the office of suckling her infant?*

The predicament in which I stand, with respect to Dr. Clark, is not singular; it is nearly the same with that of all the other physicians here, except one, who is his only consultant, and the occasional attendant on his patients. In the only other case, in which I have been joined with him, I also differed widely in opinion. I have, since then, followed him in another; and must confess, that his treatment was equally unaccountable. A man, that in his medical discipline, dissents so far from the established maxims of the profession, must be constantly exposed to feuds and animosities among his brethren. When a physician in consultation appeals to his own experience, it has been usual for him to give reasons for preferring particular modes of his practice. In the case which I have given, Dr. C. was either unable to do this; or, what is less to be justified, he did not chuse to do it; a species of dictatorship which the sciences do not acknowledge. Nevertheless, I shall not be afraid of meeting Dr. C. in consultation again: I will not abridge my humble sphere of being useful to a human being in sickness, from the terror of any man alive; and if I should find occasion for dissenting

dissenting from him, I shall not deviate from my former moderation.

Having encroached thus far on your patience, I shall defer my comments on the case to another Journal. This affords me the opportunity of calling on Dr. Clark to defend his practice by matter of fact, and open discussion, and not by assertions in the gross, as he has done hitherto. He cannot complain that I have indicted him before an improper tribunal, when all the talents and learning of the profession are to be umpires between us.

I am, &c.

Newcastle, Dec. 4, 1804. T. TROTTER.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE ardent zeal, and unceasing industry, evinced by Mr. Cuming in pointing out such modes of treatment as he has found successful in practice, is certainly commendable. But the confident, positive, and assuming manner in which he enforces them, together with his impatience of contradiction, and want of temper to those who have ventured to differ in opinion with what he deems his *unerring observation and experience*,* must, whatever may be their importance, certainly render them less palatable than if they were offered in milder terms.

These reflections, which occurred to me on the perusal of his irritable reply † to Dr. Scott's fair, and I think, not uninteresting remarks ‡ on his paper relative to the cure of intermitting fevers, by the use of white vitriol, § were not a little strengthened by the disrespectful manner which in his paper on leprosy, in No. 69, he handles the flour bag ‖ of the late Dr. Cullen.

I shall not enter into a discussion of this case, which he after having, as he says, cured as a general affection, considered it as local, from its continuing in the form of fissures, &c. in the palms of his hands, and which, he says, gave

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* These are Mr. C's own words, Med. and Phys. Journal. No. 61.
† Idem. ‡ No. 60, p. 129. § No. 58, p. 496.
‖ So called by Mr. Cuming, No. 69.

 way

way to the application of a blister. No, for although this treatment, which proved efficacious in this and another instance, beyond all doubt, is as ingenious as it is unusual; yet the propensity or itch of snarling at our old masters, (for it appears that Mr. C. from his own confession, was a disciple of this great man) has become so fashionable, that I cannot help exclaiming, not in the words of Virgil, (which he quotes while castigating Dr. Scott) but in the language of our elegant poet, Alexander Pope, who says,

> "We call our fathers fools, so wise we grow:
> "No doubt, our wiser sons will call us so."

Was it not enough for Mr. Cuming, if he *really* intended nothing further than recommending in a case of erysipelas, which he has related, not a new, but perhaps a much older, and *very common* remedy, viz. Goulard's *aq. veg. min.* which he used *cold* in preference to the flour bag, which last probably he had never tried, without *barking* at the *dead old lion,* and from whose *prey** himself had been nurtured when a young *helpless cub.*†

I advance not these remarks from ill temper, enmity, or disrespect to Mr. C. nor do I think them applicable to him alone, but to every, any, or all those who so uncandidly, or at least unadvisedly, and often unnecessarily, insult our truly respectable medical ancestors; and for what? Why, for certain *minor* errors, not worth naming, or what would have escaped notice in less celebrated characters.

To point out, with becoming respect and liberality, the imperfections, mistakes, or errors of our ancestors, or cotemporaries, is just, fair, and admissible; the former by these means are not vilified, but their faults corrected; and the latter have it in their power either to defend what they may judge right, or to recant what is made appear erroneous,

If I have noticed this error, or rather mark of disrespect of Mr. C. to the memory of his late admirable preceptor, Dr. Cullen, and which might have been avoided by not placing it to his account *particularly,* it is because the flour bag, *as he calls it,* does not appear to be the legitimate offspring of the Doctor, but is only named by him

* Alluding to the Doctor's lectures or instructions, which Mr. C. is supposed to have attended.

† That is, a mere suckling in medical science, which most young men are prior to commencing their regular studies,

him casually among various other applications used in erysipelas.*

This propensity of undervaluing for trifling errors the reputation of truly great men, is no new thing; it is a failing attached to many, but more especially those who it frequently happens, are inferior in abilities to the persons they are depreciating.

The most remarkable instance of this sort, is that of the celebrated Dr. Mead, a gentleman more conspicuous for the splendour of his character, and the great wealth he acquired in his profession, than perhaps for any remarkable discoveries made (that I am able to ascertain) in the science of medicine.†

He it was, who so unadvisedly attempted to correct the errors of the great and immortal Sydenham; but his misguided reflections were no less ably repelled by Dr. Thomas Dixon.‡

I would not have it considered that I entertain a *superstitious* veneration for our great medical ancestors, but I would cherish a due *respect* for their intrinsic merits.

This disposition has already been evinced by me, in repelling certain disrespectful insinuations aimed lately by a gentleman (with whom I differed in opinion) at the professional character of the late ingenious and benevolent Dr. Fothergill; § and I am equally disposed, on principles of justice and liberality, to offer my reflections on what seems to be Mr. Cuming's disrespectful, and, I fear, intemperate reply to Dr. Scott, more particularly as the Doctor, from the ungentleman-like manner in which he appears to have been treated, rather than refuted, has forborn to answer.

From a simple statement of facts it appears, that Mr. Cuming || having, I think, very satisfactorily and clearly pointed out the frequent failure of what he terms "this hitherto considered *specific*," the cinchona, in the cure of agues, says, "It must be no small satisfaction (for the practitioner) to know that the materia medica contains a remedy

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* The application that seems most safe, and which is now most commonly employed, is that of a dry mealy powder frequently sprinkled upon the inflamed parts. Vide First Lines, vol. 2, Art. DCCXI.

† Except that of pressure on the abdomen during the evacuation of the water on tapping for the dropsy, which must be allowed of no small importance. Vide Mead's Works on Dropsy.

‡ Med. Obs. and Inquir. vol. iv.

§ Med. and Phys. Journal, vol. vii.

|| Idem, No. 58, vol. x.

remedy *equally infallible,* and more entitled to the epithet *specific;*" and remarks that, " in ships of war I have often given it under *every type* of the disease, and *never* knew it fail." His method of treatment is, " After the primæ viæ have been thoroughly cleansed by means of an antimonial emetic, I begin by giving the patient two or three grains in the day, during the intervals of the fit in this formula. ℞. *Pulv. zinci vitriol. gr. ij. vel. iij. cons. rosæ q. s. ft. bol. No. iij. capt. ager, j. 2da. vel 3tia. quaq. hora, ut opus fuerit, et augeatur dosis, gr. j. in dies.*" He farther says, " I have never had occasion to give more than five grains in the day." These boluses he *always* orders to be washed down with half a tea cupful of any proper diluent.

From these conclusions advanced by Mr. C. it does not appear that Dr. S. was far wrong in supposing he considered his *zinc vitriol* as a *real specific,* which he has since avowed in his reply to the Doctor, published in No. 61 of the Med. and Phys. Journal; in which are remarks on the same subject by Dr. Tice, who says, " The white vitriol I have employed in a number of instances for the cure of agues with very happy success; but I must confess, from an extensive practice and frequent observation, that it does not possess *any specific quality,* and that not unfrequently it has failed as a remedy, especially in those cases where the constitution had suffered from repeated attacks of the fever." He also, " from repeated trials, prefers the sulphat of copper or blue vitriol, to either the solution of arsenic, or the white vitriol;" and that " the effects of the latter are neither so certain, nor are they sufficiently lasting in inveterate cases, as those derived from the blue vitriol, &c."

He farther says, that, " the word *specific sounds empirical,* and is too generally applied; yet, as the cinchona is so powerful a remedy for intermittent fever, and mercury for venereal infections, some indulgence must be allowed to those who term *them specifics.*" Hence it is obvious, that Dr. Scott's remarks, which appear to be general, are considered by Mr. Cuming as applied to him singly. The former says, " The word *specific* I very much dislike; to *me* the sound is *empirical;*" and the latter replies, " and I can assure him, to *me* his observation appears extremely harsh, and unbecoming;" and so firmly does he appear to be impressed with this, (I charitably hope) unintentional affront, that he is at no small pains to insinuate that the Doctor has equally implicated the *Editors* with himself; and

and does not scruple professing " to exculpate both *them*, and *himself*, from an imputation which is as gross as it is indecent." He however assures the Doctor, that " the remarks made in his paper, of No. 58, are the result of *unerring observation and experience.*"

In his trifling animadversions on the term *pretty well*, used by Dr. S. he has not only misrepresented his meaning, by supposing it (the white vitriol) cured, when other remedies failed; but says, " he believes the cuprum ammon. has been expunged from *some* pharmacopœias, being considered by men eminent in their profession, as a remedy fraught with the greatest danger, and that he *cannot* find it in the Edinburgh Dispensatory, a book which he (Dr. S.) has quoted respecting the white vitriol. I would ask him, what these *some* pharmacopœias are, in which it was, (except the Edinburgh) from which it has been expunged? and who these eminent men were, who considered it as a remedy fraught with the greatest danger? And how it comes to pass that he *cannot* find it *(cuprum ammon.)* in the Edinburgh Dispensatory, although he takes great care to find *his* remedy the *zinc vitriol.* I will not say, as he insinuates to Dr. S. that *his* judgment may be perverted, or he was guilty of *inattention to the subject*; but I may venture to *think*, Mr. C. looked in there for no other purpose than to view his favourite zinc. vitriol.

I must however remark, that I have carefully examined three editions of this book; one of 1786, another 1791, and the last 1803. In all of them the cuprum ammon. is mentioned; and in the last, as a remedy " in incipient phthisis pulmonalis, intermittent fever, and epilepsy."

Dr. Scott says, " his patients could *never* take the quantity of white vitriol mentioned by Mr. Cuming," and gives a præscription of calx zinci in the quantity of a grain twice a day, but for what purpose does not say; he however adds, that he cannot think it deserves the epithet *specific*, (i. e. the white vitriol, which in this case must be allowed preferable to calx zinci). Before this, he says, he " had a good opinion of it, and thought it answered the intention *pretty well*, but prefers the cuprum ammon." Yet Mr. C. is not only displeased at this, but that " the compilers of this work, (the Edinburgh Dispensatory) who do not appear to have known that zinc. vitriol. possessed the virtue of curing agues per se," (arrogantly exclaims) " and if there is any merit in promulgating to the world a remedy which *stands high in my opinion*, it cannot be the intention

tention of the Doctor to detract from it, by laying a claim for originality; a claim which I never presumed to offer; but let Virgil speak for *me*."

"Haud equidem tali me dignor honore."

Truly, indeed, these transcendently sublime and beautiful *criticisms* are far above my comprehension.

Of what honour then, is Mr. Cuming worthy? Am I to give *him* a claim to the use of nitre or saltpetre applied to *mortifications*, (No. 62, Med. and Phys. Journal), and blisters to the palms of the hands in *lepra*, or such like cutaneous affections, for *originality*?

The former, dissolved in vinegar, has long been successfully used by farriers in the most desperate bruises, and other accidents, even where sphacelus existed, to cows and horses; and the latter has been applied to tetters, herpes, and ring-worms with no small advantage. Nevertheless, should it hereafter appear that both these easily procurable remedies prove equally beneficial in the hands of others, his claim to *originality* in these will scarcely be disputed. When, how, or by whom, the term *specific* was applied to the cinchona and mercury, is of no material consequence. Agues and the venereal disease having long since baffled the most experienced and intelligent practitioners, these two remedies, from their superior efficacy above all others heretofore used in these and such like diseases, acquired *this term*, which, in process of time, has become so very fashionable, that it is not only applied to almost every advertized or quack medicine, but what seems more reprehensible, is used as a very common epithet, not only in the writings of many professional gentlemen to their favourite remedies, but named in the bills and labels of even regular practitioners.

"It is but a name, 'tis true; but as this name, term, or epithet, call it what you will, is equally adopted by regulars, as well as irregulars, there surely can be no harm in *any man* saying it is *empirical*; and this last epithet is opposed by another equally as disagreeable I think in *sound* to others, (who if it happen to be used to them, would perhaps give equal offence) called dogmatical, and for any thing we know, even *this*, had it been applied by the Doctor, or any other person, to Mr. C. or his favourite remedy, would have been equally resented.

Hence it appears, that this mighty fuss and offence given by the Doctor to Mr. C. amounts to this. Mr. C. prefers the white vitriol to the cortex, cuprum, and all other remedies,

remedies, and says, it deserves the name of *specific*; and to prove this, declares, "*he never knew it fail,*" and appeals to his *unerring observation and experience.* Dr. S. equally as much entitled as Mr. C. to appeal to *his attentive observations* on the effects of *these* remedies, says, he has a good opinion of it, but *thinks* the *cuprum ammon. rather* preferable. Yet, because he dislikes the term *specific,* and says the sound is *empirical,* in which Dr. Tice coincides, only allowing it to the cinchona and mercury; it is much to be regretted, that Mr. C. whom I trust has more from the irritated state of his feelings, than malevolence, been led to resent so harshly, what in Dr. S. appears *mere matter of opinion.*

For this cause, and that of Mr. Cuming's cavalier treatment of the truly great and benevolent Dr. Cullen, have I presumed to offer these remarks. They are given, I trust, fairly and candidly; and although they may prove not altogether pleasing, they are by no means intended to excite his enmity, which should I not dread, would nevertheless be sorry to merit. They may however be not uninteresting to the candid admirers of our illustrious medical ancestors; and when this is considered, Mr. C. must, however reluctantly he may consent, allow me the same privilege of censuring in him, what appears perhaps greater improprieties, than those which he so freely has indulged towards others.

I am, &c.

Sunderland, Nov. 29, 1804. G. WILKINSON.

To the Editors of the Medical and Physical Journal.

Gentlemen,

THE opinion of the medical world being at present much divided, on the propriety of applying cold water in the cure of gouty inflammation; we feel it incumbent on us to give as much publicity as possible to the following case, as it appears to us attended with peculiar circumstances.

Mr. Mace, a gentleman residing at Chislehurst in this county, about forty years of age, who had been subject for many years to severe fits of the gout, sent for us to visit him on the 10th of October, 1803. We found him complaining

complaining of general indisposition, with one ancle much inflamed, swoln, and exquisitely painful. Cloths wetted in a cold solution were wrapped round the part affected, and a cordial medicine was administered internally. On the 11th, the pain and inflammation in the ancle were lessened; and the knees were now become painful: the same application was made to them. On the 12th, at night, he felt severe pain in the head, and great uneasiness in the stomach, attended with nausea and flatulence. A draught with ether and laudanum was ordered him. On the 13th he was better in every respect; the head and stomach relieved, but the inflammation in the extremities *had not returned*; 14th, continued mending; 15th, free from all pain; 20th, able to walk, without any weakness in either feet or knees.

He remained in perfect health for twelve months. About the middle of October, 1804, he had an attack similar to the one of the preceding year. The right ancle was the part chiefly affected. He was treated in the same manner as before; and was able in a few days, to pursue his usual avocation. But, on the 16th of November, we were much disappointed to find him again suffering severe pain and inflammation in the same joint. He is a sensible, intelligent man, and had paid great attention to the progress and symptoms of the disease, under this new mode of treatment. He now informed us, that he thought the gout had lurked in his habit ever since the last attack. At the same time, he felt convinced, that though the application of cold might not eradicate the disorder, yet it afforded him so much ease, that he was extremely anxious to make another trial of it. To this we readily assented. After having diligently pursued this plan till the 22d, he desisted, as nothing apparently but weakness remained. On Monday, November 26th, the *left* ancle became inflamed and painful. Without the least hesitation, he had immediate recourse to his favourite remedy; but he had no sooner applied the first wet cloth, than he felt an unusual torpor pervade his whole frame. He suffered intense pain in the stomach, attended with frequent vomiting: the head was much affected, and he was at intervals delirious. He took hot brandy and water, and heated wine with spice, which afforded him some relief. At the same time the cold was discontinued, which had been used for about two hours. On the 27th he was better, though very languid. The inflammation *did not return in*

the

the left ancle. On the 28th he continued tolerably well. But, on the 29th, a more violent attack than any of the former took place in the right hand. It is to be remarked, that on this day, though the hand was enveloped in flannel, the stomach, head, and constitution at large, were as much, if not more affected, than on the Monday when the cold was applied. He passed a most dreadful night on Thursday; and, on Friday morning, the symptoms of disorder in the head and stomach having abated, while the pain and inflammation of the hand remained undiminished, we *again* determined to apply cold, carefully watching the effect. This treatment now was attended with the happiest consequences: he experienced almost immediate ease; no other untoward symptom occurred, and he was soon restored to health.

We forbear making any comments on the above facts; but it appears worthy of remark, that this gentleman, in former fits of the gout, had suffered as much constitutional indisposition, when the parts affected were wrapped up in *flannel*, as under the *present mode of treatment.*

We have so frequently experienced the speedily beneficial effects of reduced temperature in the cure of gouty inflammation, that we cannot subscribe our assent to the conclusion of Mr. Edlin,* that all the baneful consequences in Mr. Baker's case are to be imputed to the use of that remedy. One in particular, the *fainting fit,* (which, whenever it happens, must excite the greatest alarm,) we see no reason to attribute to the use of cold water: for we have met with an instance of its occurrence to a most alarming degree, in a case which has come under our care, since writing the above statement, and where *no cold* whatever had been applied. We truly lament with Mr. Edlin the unfortunate issue of Mr. Baker's case; which, after all, however, is but a solitary instance; for as to that of Mr. Owen, it is, according to his own confession, a *mere old woman's story.*

We remain, &c.

JAMES SCOTT,

Bromley, Kent, Dec. 10, 1804. R. T. TAYNTON.

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* Vide Mr. Edlin's Pamphlet.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

HOW much it is to be lamented, that some genius has not yet arisen, who from simple principles, like the immortal Newton, from the simple principle of the general attraction of matter deducing the laws of gravitation, could with equal sagacity develope the laws peculiar to animation, and enlighten mankind with a true theory of diseases! This reflection naturally arises in my mind, while I reflect on the fate which has attended Mr. Baker, of Uxbridge; who, I am afraid, has fallen a victim to the erroneous parts both of the old and new theory of gout.

Mr. Edlin's *pamphlet* professes to give to the world two cases of gout, terminating fatally in consequence of the refrigerating plan of treatment having been adopted. But for obvious reasons, I shall confine my observations to that of Mr. Baker; which, I think, would have been more full and satisfactory, if the author had given us some information respecting the age and usual habits of the patient; whether also his last disorder was the first of the kind he had experienced, or whether his constitutional strength had been impaired by former attacks. For, possessing the knowledge of these particulars, we could assuredly have formed a more correct judgment of the propriety of some parts of the plan of treatment, which terminated in so calamitous a manner. But though the case is not detailed with the precision that I could wish, yet a great deal of valuable instruction may certainly be collected from it; and much light is, I think, thrown on a question, which at present greatly agitates the medical world; namely, how far, or whether in *any* case of gouty inflammation of the extremities, the remedy so strongly recommended by Dr. Kinglake may, in *all* cases indiscriminately, be prudently adopted. I am still of opinion, that judging from all the circumstances which have been communicated respecting Mr. Baker, this very important question may be answered, consonantly to the theory of the disease contained in my last communication, in this manner: *With a due degree of caution*, it may be prudently adopted with every prospect of success.

It will much facilitate our comprehension of this interesting and instructive case to divide it into two periods, that are very distinctly marked; the one previous, the other

other subsequent to the fainting-fit. It appears, that from the 22d of July to the morning of the 25th, (four o'clock) the inflammation gradually increased in the feet, and that his appetite during those three days continued unimpaired. Pages 7 and 8. From which circumstances I should infer, that this was a proper time for the application of the new remedy, the inflammation being fixed on the extremities, and the stomach discovering no symptom of torpor, but an evident one of performing its proper function. It was applied; and the event was, what I should expect, that at nine o'clock "the pain was quite gone; he considered himself, in some measure, as well; his pulse at this time was 78." Page 19. Here was every mark of returning health; and had he continued in bed, it is probable that the fainting-fit had not occurred. This I wish to be considered as the first period; for, hitherto, there certainly appears no objection to the remedy that had been employed.

The following observation I make reluctantly; for it reflects on a conduct, which evidently proceeded from the best and purest motives. Was it judicious in Mr. E. to contend with his friend, under circumstances not of complete recovery, but convalescence only, in a long and most interesting argument, page 10 to 19, respecting the propriety of the means which had been employed to subdue the gouty inflammation? Particularly when it is considered, that after a restless and unquiet night, attended with much pain and anxiety, the necessity of recruiting the exhausted fibre by sleep must have been obvious, and should have been pointed out to the patient; and if it could not otherwise be obtained, of procuring it by means of an opiate; instead of agitating his mind, and still further exhausting the animal power, by the necessity imposed on him of combating arguments in the refutation of which he now felt so near, so vital an interest. Though I do not wish to attach much importance to this idea, yet if it had any effect, it must have been a debilitating one; and with some others known, and some probably unknown causes, (amongst the former of which may be reckoned a change of posture from a recumbent to an erect one, so apt to produce vertiginous effects, and sometimes a temporary paralysis of the locomotive muscles in persons of a weak and inirritable habit) must prepare us in some degree for the information which is next conveyed to us. "He soon after got out of bed, and attempted to dress himself; but in the exertion he fell down in a fainting-fit, where he was found by his attendants," page 19.

The reflection, with which I commenced these remarks, recurs to me in this place with double force. I am anxious to discover, (for want of a *true* theory perhaps it cannot be discovered) what was the real efficient cause of the fainting-fit? That it sometimes occurs in regular fits of the gout, where the cure by refrigeration has not been attempted, is well known to those who have experience in this disorder. I am then by no means convinced, that repelled gout was the cause of it in the present instance. Indeed, I am persuaded to the contrary; for we have no experience that repelled gout ever produced such an effect; and I know not by what analogy of reasoning from other phenomena of diseases we are led to such a conclusion. That judicious observer, Dr. Heberden, (page 58 of the Commentaries) tells us, that he has several times known palsies and apoplexies *succeed* immediately to a regular and severe fit. And some cases of a fatal apoplexy are related by Cullen and others to have happened in consequence, as it has been supposed, of *preventing* the gouty inflammation of the extremities in constitutions which had been habituated to it, by the continued use of the Portland powder. And some, perhaps, may fancy that they can discover a faint resemblance between these cases and the fainting-fit, which is the subject of our pressnt consideration. But notwithstanding a suspicion may hence arise, that gout and apoplexy, though with features so dissimilar, are yet of the same family, and have one common parent; the difference between the known means that were employed, as well previously to the effects produced as in the consequences of those effects, precludes all comparison between the respective cases; and therefore, in the present imperfect state of our knowledge of diseases and their causes, we are compelled to consider the fainting-fit as an unexplained event, from which nothing either favourable or unfavourable to the practice of cold ablution can be inferred; until more observations and a longer experience furnish us with similar occurrences under similar circumstances, with which it may be compared. It is evident, that the patient himself had no suspicion that the repulsion of the gout had any connection with the fainting-fit; for he would not afterwards have ventured on a repetition of means, which he conceived had been productive of so alarming an effect.

We cannot, however, be surprised that the system should be so deranged by it, as to exhibit that character of debility which soon appeared in the return of a disorder,

order, that could scarcely be considered as totally and effectually removed, even before it happened. We are told, that, "after recovering from the fainting fit, and being put to bed, he took some breakfast," (p. 19); from which circumstance I conclude, that the gout was not yet repelled to the stomach. "A slight inflammatory pain and redness were now observed in the knees," p. 19, evincing that the gout was re-appearing in its true inflammatory form; "but soon subsided by the continued use of cloths dipped in iced water." Here then, in my opinion, was committed that fatal error, to which all the subsequent mischief is to be attributed. The torpor, by this means, produced on the skin, appears to have been immediately followed by those symptoms of a "difficult hurried respiration, cold extremities, quick fluttering intermitting pulse, palpitation of the heart, icy coldness of the stomach, frequent vomitings, and cold sweat," p. 20. Which all demonstrably evinced that the gout was repelled to some of the principal internal vital organs; or, as I think, would be more accurately and intelligibly expressed, that the torpor or inaction of the cutaneous capillary vessels, occasioned by the continued application of iced water over a considerable portion of them, was sympathetically communicated to the membranous parts of those viscera, but principally of the stomach, (already disposed to torpor in consequence of previous debility, by whatever cause induced) whose actions are associated with them. I do not know that this idea of repelled gout is any where to be found directly in authors. It is deduced from combining detached parts of the Darwinian theory.

In this manner a complete destruction of the balance of the moving powers of the system was effected; and if the heart had not possessed sufficient irritability to the stimulus of the blood, to resist in *some* degree the spreading torpor, which was thus alarmingly impressed on the stomach and some contiguous parts, the fatal termination must have occurred instantaneously. Its protraction, and the subsequent events have served to convince me, that the balance, so destroyed, was never again restored to an equilibrium; but from this moment all proceeded irregularly, with some partial remissions and exacerbations, till the complete exhaustion of the principle of animation produced a universal torpor, and destroyed the patient.

It may be useful to make one or two observations on the principles which seemed to direct the medical attendants in treating their patient, during the latter period of

his illness. And I must previously assure those gentlemen, that, though I differ from them in opinion, I am actuated by no personal disrespect to them; and, indeed, by no other motive than a wish freely to discuss their theory. The stimulating means that were employed by Mr. Edlin to remove the torpor of the internal parts, appear to me sufficiently judicious, and proved successful. But after its removal, and when the system, possesing accumulated irritability during its torpid state, had acquired unnatural energy of action, evinced by "the hot burning skin, the pulse 96 strokes in a minute, the dry furred tongue, and hurried respiration," (p. 21, 22,) symptoms indicative of an inflammatory condition; Dr. Haworth, who was now joined in attendance with Mr. Edlin, will excuse my presumption in avowing an opinion different from that which he seems to have adopted. The indication in that state of the system, as it appears to me, was to reduce the morbidly increased activity and consequent expenditure of the animal power, by the most prompt and efficacious means; by weakening the undue action of the cutaneous vessels, by exposing them to a current of cool air; and if that had failed, by cold ablution: and, "if the lungs be strongly affected, bleeding is unavoidable and necessary (Heberden's Comment. p. 45,) though we are sure that it is a gouty affection. In all distempers (Com. p. 10,) it is one part of the physician's duty to remove or relieve, as far as can safely be done, the present inconveniences; but the mischief principally to be dreaded in every illness is its tendency to destroy life; and against this the patient is most solicitously to be guarded."

But the theory of Dr. Haworth led him to the conclusion, that as the gout had been repelled, its return to the extremities again must be solicited, p. 21, (which was a good theory a few hours sooner, while the torpor affected the stomach and lungs;) and external and internal stimulation employed for that purpose, p. 22. But the gout, according to my apprehension, had already been driven from the internal parts by the re-action of the system, and had changed its character of gout for one of general inflammation. "The warm regimen, flannel, and cordial diaphoretic draughts," p. 22. What could they do but add fuel to a fire already burning too fiercely; remove to a greater distance every probability of restoring that just equilibrium of action throughout the system, which is essential to health; and by the great expenditure of the principle of

of animation, consequent to increased stimulation, accelerate the final catastrophe.

Before I conclude my remarks on this interesting case, I beg leave to observe, that Dr. Kinglake, who frequently challenges the world to produce a single instance of repelled gout consequent to the application of a cold fluid to the inflamed parts, will certainly be expected to reply to, and explain the symptoms asserted by Mr. Edlin to have occurred immediately after its use, on principles which may reconcile them to his theory. Otherwise, I do not see how the alternative is to be avoided, which is contained in Mr. Edlin's concluding paragraph: "Either Dr. Kinglake's theory is wrong, or what I have asserted is untrue,"* p. 24. The alternative, indeed, does not meet with my approbation. It is not expressed with a due degree of modest diffidence; for unless Mr. Edlin's own knowledge be unlimited, he must admit the *possibility*, however little the *probability* may be, of the symptoms being explained on principles that are not inconsistent with the theory. But this province peculiarly belongs to Dr. Kinglake, whose ground of argument I have no wish to pre-occupy; and I suppose it will not be deemed so, by my asking Mr. Edlin, what will become of the alternative, that seems to menace nothing less than destruction to the theory, should Dr. Kinglake be able to prove to our satisfaction, that during the state of insensibility which succeeded the fainting fit, so great an accumulation of the sensorial powers of irritation and association occurred, as to occasion the subsequent inflammatory fever, to which the death of the patient is to be attributed?

I am, &c.

JAMES MANTAL.

Bromley High Elms, Dec. 11, 1804.

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* Could Mr. Edlin complain of Dr. Kinglake, if he chose to consider the whole of Mr. Baker's case as "*fictitious, composed for the purpose*" of discrediting his theory? For these are the expressions used by Mr. Edlin, respecting the cases communicated to the public by Dr. Kinglake, p. 20. I will not bestow upon this seeming incredulity the epithet which I think it deserves. It was an ill compliment to his friend, to suppose that he possessed either so small a portion of candour and liberality of sentiment, or so little judgment, as to listen for a moment to such an insinuation. It is astonishing, that he should avow it to the world.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

IN the last Number of the Medical and Physical Journal, are some observations, or more properly cases, by a Mr. Larrey. As these cases inculate ideas, at variance, I believe, with those of the soundest and most enlightened practitioners of this country, I beg leave to offer a few remarks on them.

The observations, which are seven in number, comprize the following diseases: Ophthalmia, a discharge from the nose resembling gonorrhœa, vertigo, phthisis pulmonalis, dysentery, erysipelas, and last of all, pain and stiffness of the limbs, attended with fever and symptoms of mania. The patients who were the subjects of these diseases, had all, excepting one, been previously affected with gonorrhœa, to the suppression of which Mr. Larrey attributes their complaints. Impressed with this idea, he imitated the suppressed discharges, either by the insertion of the matter of gonorrhœa into the urethra, or the injection of a strong alkaline solution; and the new running produced by these means, was what he thinks principally contributed toward their cure.

The infidel Gibbon has somewhere remarked, in his immortal work, "The Decline and Fall of the Roman Empire," that a latent and involuntary scepticism adheres to the most pious minds. The same may be affirmed of the inquirers after truth in the science of medicine. They not only require that the facts they are called upon to believe should be well authenticated, but that they should not be taken up hastily or upon slight grounds, or be contrary to the uniform experience of men of sound judgment and correct observation. If Mr. Larrey's observations are not built on too weak a foundation, they evidently militate against general experience. For, admitting the absorption (for so I must understand the term suppression as he uses it) of the matter of gonorrhœa, it by no means follows that the diseases in question were a consequence. The premises do not justify the conclusion. They have no more to do with the immediate effects of the absorption of venereal virus than gout, scrofula, atrophy, jaundice, and a thousand other diseases, which, as Mr. Hunter observes, were by the older surgeons attributed to it. What we should expect, and what, if any thing, follow the intro-

duction

duction of the venereal virus into the system, are bubos, peculiar ulcerations of the mouth, nose, and fauces, blotches of the skin, and affections of the bones, periosteum, tendons, and ligaments. None of these however were present, the ulceration and caries of the nose being the effect of the nasal gonorrhœa excoriating and eroding the parts, and not the direct consequence of absorption. Mercury, it is true, was employed in that case, as well as in many others, and undoubtedly was the chief cause of their cure; but it does not prove they were venereal: It only proves, what we all know, that mercury will cure other diseased actions as well as the veneral. Beside, is not absorption in gonorrhœa a very disputable point? It rarely, I believe, if ever happens; for if it did, as few modern surgeons I presume give mercury in that disease, none of their patients would escape a lues. Can the diseases we are speaking of, then, be said to have arisen from absorption of the matter of gonorrhœa? In all probability they were mere accidental circumstances, totally unconnected with the gonorrhœas which had preceded them; or, if any connection be admitted, they must have been what Darwin would have termed affections of remote sympathy. On this supposition the artificially produced discharge might have afforded relief, in the same way as the re-appearance of gonorrhœa in the contiguous sympathy of hernia humoralis removes the swelling of the epididymus or testis; yet granting this, it only comes in for a share of the cure, as in the majority of the cases (seven out of nine) mercury was had recourse to. The only fair cases are those of ophthalmia and phthisis; and on this last, as being of considerable importance, I shall hazard a few remarks. The case was that of a young lady, who was in the "third stage of a pulmonary consumption," and whose expectoration was "fetid, purulent, and greenish." She had previously laboured under leucorrhœa, which having been stopped by injections, gave birth, Mr. Larrey supposed, to her disease. By producing a purulent discharge from the vagina by means of a solution of volatile alkali, her most distressing symptoms began almost instantly to mitigate of their violence, and in a short time she perfectly recovered. Without being unreasonably sceptical, we may venture to say, that there must have been some fallacy in the case, and that it could not have been one of genuine phthisis pulmonalis. That a patient, in the third stage of pulmonary consumption, (that is, where the ulcerative process in the lungs had been some time

time going on) should recover at all, much less in a short period, is so contrary to what I may say every medical man is unfortunately in the habit of observing, that I fear even the most credulous would be disposed to doubt of such a fact. It is of no consequence, in my opinion, how an ulceration of the lungs originates, whether it be from tubercle or pneumonia, properly so called, whether it be from an idiopathic or a sympathetic affection; the effect is still the same, and we have the great difficulty to contend with, to heal an ulcer in so delicate a structure as the lungs, and which is *constantly* in contact with atmospheric air. Can we suppose therefore, can the utmost stretch of credulity believe, that simply a purulent discharge can, as it were by a miracle, effect a cure of that which has to this day continued, and will, in all probability, continue to be irremediable? My own experience, which has been pretty extensive, has convinced me, that when an ulcer of the lungs is once formed, no medicine, no not even the celebrated digitalis purpurea, or lichen islandicus, has a power of preventing those morbid actions going on, which sooner or later inevitably cut short the patient's life.

I am, &c.

West Smithfield, Dec. 14, 1804. JAMES WOODHAM.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

FOR the sake of our suffering fellow-creatures, nothing ought to be withheld from public notice, which may be deemed a specific for that dreadful, distressing, and lingering disease named diabetes mellitus.

If the enclosed case, (which was successfully treated with the nitrous acid) meets with your approbation, and is thought worthy a place in your very valuable Journal, by inserting it therein, you will greatly oblige,

Yours, &c.

Dec. 10, 1804. ROBERT EARNEST,
House Surgeon to the Sheffield General Infirmary.

M. D. twenty-five years of age, a female, unmarried, low in stature, and delicate in stamina. But, before I narrate the case, it will be proper here to observe, that antecedent

to

to her being taken ill, she was plethoric, and had a clear and florid complexion, and also enjoyed good health.

In the spring of the year 1801, she was suddenly attacked with the following symptoms, viz. pain of the head, stomach, and about the region of each kidney, great thirst, loss of appetite and strength, accompanied with much languor and depression of the spirits, a copious secretion of urine, passing off fourteen pints daily. The above symptoms continued upon her gradually, making greater ravages, and undermining her constitution, until January 2, 1804, when she was admitted into the Sheffield General Infirmary as a diabetic patient.

Her state of health at this time was very materially altered for the worse, as she was greatly emaciated; the pulse, quick, small, and hard; the skin universally yellow, hot and dry; appetite more diminished; strength also more exhausted; thirst more troublesome, particularly in the night time; œdematous swellings of the ancles and feet.

The menstrual evacuations have always been regular both as to time, quantity, and colour, until now, which are more frequent, less in quantity, thinner in consistence, and much less florid in colour.

The properties of the urine were, that it was rather limpid, sweet both to the taste and smell; and upon being evaporated by boiling, it exhibited white saccharine matter on the sides of the vessel, and the residue was like molasses.

On the second of January, the patient was put upon the following plan of cure; and the diet prescribed was principally animal food, with a generous allowance of porter. ℞. Aq. puræ lib. ii. Syr. sacchar. unc. i. Acid. nitros. dilut. dr. i. ad. iv.* M. ft. mistura, quotidie sumend.† Cap. vesp. pro re nata. Elect. e sennâ, dr. i. ad. ii.

During the administration of this remedy, the annexed table will shew the gradual return of the patient's health and strength, the state of the appetite, the quantity of acid taken, the quantity of fluids taken, and the quantity of fluid passed off from day to day.

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* As this medicine is very apt to gripe and disturb the bowels, it is highly necessary that strict attention should be paid to its effects, as well also to the very gradual increase of the dose.

† The mixture was given as a common drink, and the patient took it at pleasure, so as to take that quantity daily.

TABLE,

TABLE, &c.

Date 1804	State of the Appetite.	State of the Strength.	Quantity of Acid taken.	Quantity of Fluids taken.		Quantity of Fluid paſſed off.	
Jan.	much	much	drachms	pints	oz.	pints	oz.
2	diminiſhed	diminiſhed	1	4	—	14	—
3	ditto	ditto	ditto	ditto	—	12	—
4	ditto	ditto	ditto	ditto	—	5	—
5	ditto	ditto	ditto	ditto	—	7	—
6	ditto	ditto	ditto	ditto	—	4	8
7	ditto	ditto	ditto	ditto	—	5	—
8	ditto	ditto	ditto	ditto	—	4	8
9	leſs ſo	ditto	1½	ditto	—	5	—
10	ditto	ditto	ditto	ditto	—	5	—
11	ditto	ditto	ditto	ditto	—	5	8
12	ditto	ditto	ditto	ditto	—	5	8
13	ditto	ditto	ditto	ditto	—	5	—
14	ditto	leſs ſo	ditto	ditto	—	5	—
15	ditto	ditto	ditto	ditto	—	4	4
16	ditto	ditto	2	ditto	—	5	—
17	ditto	ditto	ditto	ditto	—	5	—
18	ditto	ditto	ditto	ditto	—	4	12
19	ditto	ditto	ditto	ditto	—	4	8
20	natural	ditto	ditto	ditto	—	4	8
21	ditto	ditto	ditto	ditto	—	4	8
22	ditto	ditto	ditto	ditto	—	4	2
23	ditto	ditto	ditto	ditto	—	4	—
24	ditto	ditto	ditto	ditto	—	4	—
25	ditto	much increaſed	2½	ditto	—	4	—
26	ditto	ditto	ditto	ditto	—	3	12
27	ditto	ditto	ditto	ditto	—	4	—
28	ditto	ditto	ditto	ditto	—	3	12
*29	ditto	ditto	——	ditto	—	3	12
30	ditto	ditto	——	ditto	—	3	10
31	ditto	ditto	——	ditto	—	3	12
Feb. 1	ditto	ditto	——	3	8	3	9
2	ditto	ditto	——	ditto	8	3	12
3	ditto	ditto	3	ditto	8	3	8
4	ditto	ditto	ditto	ditto	8	3	12
5	ditto	ditto	ditto	ditto	8	3	8
6	ditto	ditto	ditto	ditto	8	3	8
7	ditto	ditto	ditto	ditto	—	3	8
8	ditto	ditto	ditto	4	—	3	—
9	ditto	ditto	ditto	ditto	—	3	—
10	ditto	ditto	ditto	ditto	—	3	—
11	ditto	ditto	ditto	ditto	—	3	—
12	ditto	ditto	ditto	ditto	—	3	—
13	ditto	ditto	ditto	ditto	—	3	—

* On the 29th of January the catamenia appeared, and continued five days, in proper quantities and natural in colour. During this period, the acid was omitted; and on the 3d of February, it was again repeated and continued.

The

The patient came from the country; and as she now appeared so far recovered, it was recommended to her to return home, as in all probability her native air would very much contribute to her complete recovery. Accordingly, on the fifteenth of February she went home; but she was still considered as an out-patient, and had directions given to her to persevere in the use of the acid, as the urgency of her complaint might occasionally require.

Nearly nine months having elapsed, it was thought proper to re-admit her again as an in-patient, in order to ascertain and verify the specific effects of the medicine; to this she readily assented, and on the 24th of October she appeared again at the Infirmary, when strict attention for some days to her general health in every particular was paid. The quantity of urine passed off at this time never exceeded three pints. The patient looked well, ate, drank, and slept well; and on the second of November she was discharged cured.

In three cases of excessive polydipsia, I have known the nitrous acid essentially useful.

Case of Rabies Canina, or Hydrophobia, with Remarks. *Communicated by* Samuel Argent Bardsley, M.D. *Physician to the Manchester Infirmary, Lunatic Hospital, &c.*

ON the 31st of August, 1803, at eleven o'clock, A. M. I was desired to visit John Warren, ætat. 16, who had just been admitted, as a case of emergency, into the Manchester Infirmary. I learned the following particulars from the patient, and his parents who accompanied him. The latter were examined apart, as I wished to avoid exciting any suspicion in the patient of the nature of his malady, which had already been represented to me as a supposed case of Hydrophobia.

To the best of the united recollection of the parties, the patient was bitten by a strange dog, about four months ago, (sometime in May) on the outside of the right hand, near to the first joint of the little finger, while playing with his companions in the dusk of the evening. The animal suddenly darted on one side, and seized him by the hand, which it held for some time in its mouth. A severe

wound

wound was the consequence of the bite, which continued open for about ten days, and then healed with little difficulty. No suspicion occurring to the boy or his friends, of the animal being mad, the wound was dressed with common cerate, and no internal medicine exhibited.

On Saturday, August 27, the patient first complained of coldness, and a slight numbness, extending from the cicatrix of the wounded hand along the arm, up to the shoulder and neck of the same side. General rigors succeeded to this local sense of coldness, attended with loss of appetite and depression of spirits. The latter symptom was more particularly noticed, as the boy had enjoyed general good health, and was of an active, lively disposition. He passed a restless night, and the next morning (the 28th) experienced, for the first time, when attempting to drink his tea at breakfast, a pain and stricture about the throat, and great difficulty in swallowing the liquid. This symptom was followed by restlessness, great anxiety, and an aversion to keep the body in a recumbent posture. Considerable thirst and clamminess of the mouth were felt; to remove which, the patient made several fruitless efforts to get down water, and other liquids. He was distressed by the air blowing upon him, and complained of its chilling effects, although the weather was close and warm. He had passed the whole of the interval from his seizure on the 27th, till his admission on the 31st, without sleep, and in either a standing or sitting posture. Some little solid food had been swallowed, but with scarcely any relish or appetite.

From this recital, there could scarcely be entertained any doubt of the nature of the patient's disorder. Having attended upon two fatal cases of genuine hydrophobia, and consequently witnessed the peculiarity of voice, gesture, and manner that characterise (independently of the dread of liquids) this disease in all its horrid calamity, (and which must for ever baffle the power of language adequately to describe) it only required a few moments attentive observation to decide upon the character of his complaint. At the time of his admission, (eleven o'clock, A. M.) his countenance expressed great distress and anxiety. The eyes wandered, at times, with apprehension and distrust, from one object to another; and occasional twitchings might be perceived in the muscles of the face and throat. He was restless and impatient, and, indeed, no persuasions could prevail upon him to sit steadily, for a minute, upon one seat,

seat. On attempting to drink some wine and water, he was seized, on the liquid touching his lips, with a sense of suffocation and violent spasmodic contraction of the muscles about the throat and fauces; the larynx became suddenly inflated and as suddenly depressed, and the muscles of the neck seemed to swell and enlarge in a surprising manner. By resolute perseverance, however, a small portion of the liquid was forced down. He ate a little solid food with tolerable facility. But upon barely mentioning, that a vessel of water was to be filled in the adjoining apartment, he experienced a renewal of the oppression at the præcordia, and gasped for breath with vehement struggles. His pulse 120, somewhat feeble, and irregular. His skin moderately warm and rather dry; but every now and then, he described himself to be afflicted with a glow of heat, " as if on fire," (to use his own expression) which began in the legs, and gradually extending upwards, until the whole body was in a flame. This sensation of extreme and peculiar heat was followed by slight rigors; yet, what is worthy of remark, the temperature of the skin was not augmented or diminished, during either the hot or cold stage. Being desirous to ascertain whether my patient suspected the nature of his disorder, I put some questions to him, concerning the origin of the accident. But I found, that although the circumstance of his having been injured by the dog had sunk deep into his mind, yet it was unaccompanied with any notion of a connection between the accident and his present malady. The degree of terror, arising from the suddenness of the attack, during the obscuring of the approach of night, had affected his imagination so strongly, that he emphatically, and with a look of disgust and horror, told me, that the animal " rushed upon him suddenly like a black spirit, and made him shriek with fright;" but that his alarm had abated when he could discern that it was only a black dog, which he had before seen in the neighbourhood. He now complained of an uneasy sensation in the wounded hand, which, darting along the arm, fixed itself in the throat and breast. No discolouration, or tumefaction, could be discerned about the cicatrized wound, where these pains originated. A copious flow of saliva occasioned him to spit out frequently; and although the tongue appeared clean, he complained of a fetid taste in his mouth, and bad smell in his nostrils.

From the history of the case, previous to the patient's admission into the Infirmary and the present state of the symptoms,

symptoms, little or no chance of success could be expected from any medical treatment; for the disorder might be fairly considered as advanced to its last stage. But notwithstanding that the patient's doom might be pronounced as nearly certain; yet it was felt an urgent duty to attempt every thing with promptitude and diligence, that might afford the least chance of relief. One grain of opium was given immediately on his entrance into the ward, and three pills composed of bread-crumb moistened with the spt. ammon. pur.* were ordered to be swallowed every half hour. A caustic was applied to the cicatrix of the wound; and as the fame of Galvanism, in the cure of hydrophobia, had gone abroad, it was thought proper not to neglect giving this remedy a trial. For this purpose I solicited the aid of my friend, Mr. William Henry, (whose celebrity as a chemist and philosopher is well known) in administering from a voltaic pile in his possession, Galvanic shocks through various parts of the body; but chiefly the head, throat, and breast. The apparatus consisted of sixty plates; but no very perceptible effects followed its application, except when the conductors were applied to the temples. Then, and then only, did the patient discover any strong signs of his being affected by the Galvanic influence. During the operation, which lasted a considerable time, the pulse was somewhat accelerated, but no other change could be perceived. The patient was now conducted to a slipper-bath, heated to ninety-six degrees. He was greatly appalled at the sight of the water, and could not be persuaded, for a length of time, to lie down in the bath, or suffer the fluid to rise higher than his chest. His fears of suffocation, when the water approached the præcordia, amounted to an agony; and being threatened with violent convulsions, he was speedily removed from his distressing situation. He now (two o'clock, P. M.) swallowed a third pill, containing thirty

* I was induceed to make trial of this remedy, from its efficacy in subduing the deleterious effects produced by the bite of the cobra de capello. The close analogy to be observed between the symptoms produced by the bite of a rabid dog, and those whieh followed a similar injury inflicted by the cobra de capello, might warrant the supposition of an identity in the nature of their respective causes; and consequently the plan of cure, which had succeeded in the one case, might rationally be expected to answer in the other. This is further illustrated in my paper "On Canine and spontaneous Hydrophobia, published in the 4th volume of the Manchester Society's Memoirs.

ty drops of the pure caustic alkali, with little or no difficulty. Half an ounce of tinct. opii mixed with the yolk of egg, was ordered to be rubbed into the inside of the legs and thighs, and his pills to be repeated as before directed. A consultation had been called in the forenoon, of Dr. Percival, physician extraordinary, and all the rest of the faculty belonging to the institution; but could not be held till five o'clock, P. M.; at which time the whole body met; and after due consideration of all the circumstances of the case, the following plan was ordered to be pursued. One grain of cantharides* finely powdered, and made up into a pill, with mucilage of gum arabic and crumb of bread, was to be immediately given; and repeated every two hours, until a strangury, or some other sign of irritation was excited. The patient was also ordered to be placed on an insulated bed and exposed to the electrical influence, by the medium of a chain connected with the conductor of the machine and the body of the patient, for the space of one hour. Sparks were likewise to be drawn from the throat and parts adjacent for twenty minutes, and both these processes to be twice repeated before twelve o'clock. As the administration of opium, by friction, had produced a drowsiness, and a suspension of his sufferings for a few minutes, it was to be renewed twice during the time of the patient's exposure to the effects of electricity. In half an hour from the period of the electrical machine being put in motion, he became more calm and tractable, and expressed a desire to drink some water, which he was able to perform with comparative ease and readiness; and with no small marks of pleasure, and even triumph. After the frictions had been completed, he could lie down for ten minutes together, and did not start up in his usual hurried and distressed manner. On visiting him again, at twelve o'clock the same evening, I found he

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* I ventured to propose the internal exhibition of cantharides, with a view to bring on a strangury, from an acknowledged principle in the animal economy, viz. that one irritation already existing may be cured by exciting a counter-irritation. The use of cantharides in hydrophobia is mentioned by Morgagni, and has been lately in vogue among several German practitioners for a similar purpose. The safety and utility of the practice, in treating some desperate cases of tetanus, led Dr. Mease to recommend its trial in hydrophobia, which he (justly I think) deemed to be strictly allied to tetanus, as a disease of nervous irritation and debility. Any kind of practice, however, which is founded on rational analogy, may, with propriety, be attempted in the cure of, what may be hitherto termed, an irremediable disease.

he had passed the interval from my last visit, with alternate exacerbations and remissions of the more violent symptoms. He had taken four doses of the pills with cantharides, and had felt much relieved by an emollient glyster, that had been provisionally directed. This injection had procured a plentiful discharge from the bowels of regular fæces. For the last hour, he had been subjected (in the usual manner) to electricity, by the aid of a very powerful machine, which was directed by a professed and skilful electrician; and strong sparks were also drawn from the throat and præcordia; but no shocks were attempted to be given. The sparking now seemed to increase his agitation, and was therefore soon discontinued. He complained of a slight pain in the pubis; but without any strangury. As this effect had not been produced, and the stomach and bowels did not appear to suffer from the use of the cantharides, a repetition of the pill every hour was directed, until some manifest impression had taken place. The opiate friction to be continued; and as the patient complained of extreme thirst and dryness of the fauces, a mixture of nitric acid, sugar and water, was prescribed as a common drink. Although the patient could both swallow some small portion of liquids, and bear a recumbent posture for many minutes, yet his strength was fast declining. The pulse had become feeble and irregular, and all his motions and gestures denoted increased debility. He gasped, at intervals, with eagerness for breath, and a remarkable lateral motion of the jaw might be occasionally perceived, which seemed partly to arise from all the muscles subservient to deglutition being forcibly exerted in procuring a flow of saliva, to relieve the parched state of the mouth and fauces; and partly from an effort to assist his impeded respiration, which, at times, was increased almost to suffocation. This symptom of stricture at the breast engaged his constant attention; and he seemed to wish for a wider expanse of room and air to breathe in. He expressed the utmost horror at being requested to blow his nostrils; nor would he suffer his face to be touched by his own, or any other person's hands. Indeed, he often cried out, "I shall be choaked," if an attempt was made to wipe away the mucus from his mouth and nostrils. After remaining with him about an hour, I found the spasmodic constriction at the throat continued to increase, and that slight convulsions assailed the muscles of the neck, breast and arms. He still felt shooting pains dart rapidly along the injured hand

hand and arm to the throat and side; but still no visible alteration in the wounded part could be discovered. His timidity had increased; and he examined every face and object with a suspicious eye. The pulse was tremulous and irregular, and exceeded 140 strokes in the minute. His voice hoarse, indistinct, and wailing; could scarcely articulate the expressions of despair. He soon sunk into a drowsy torpid state; but, at intervals, uttered delirious shrieks, attended with convulsive spasms, threatening instant destruction. The termination of his sufferings was now evidently approaching. His struggles for breath became fainter and fainter. The extremities felt cold, his eyes were dim and sunk, and a cold sweat bedewed his face and neck. No hope remaining of any medical relief, he was committed solely to the pious and affectionate assiduities of his sorrowful parents, (neither of whom had scarcely ever quitted his bedside since his entiance into the infirmary) and in their presence he expired, at half past four o'clock in the morning, (September 1, being the sixth day from his first seizure, and the fifth from the commencement of the dread of liquids,) without suffering any violently convulsive or painful struggles.

Appearances on Dissection.

The anxious wish of the parents, that the body might be disfigured as little as possible, precluded any farther than a partial inspection. They were particularly averse to the head being opened; as, in that case, they imagined their prejudiced neighbours would discover what had been done, and blame them for permitting the same.

The dissection took place in the presence of several gentlemen connected with the infirmary, in the forenoon of the same day on which the patient died. The body appeared black in several places, and the eyes remarkably small and dim, and buried deeply within their sockets.

The principal appearances were as follow:

The muscles of the œsophagus and trachea exhibited no appearances of inflammation.

Trachea and lungs:—The inner surface of trachea, just before its bifurcation and entrance into the lungs, in the opinion of one or two of the gentlemen present, was slightly inflamed. But the indications of inflammation were certainly of an equivocal and dubious kind. Something like dots, or strokes of red blood, were discernible upon a small portion of the inner membrane; but they were neither numerous nor distinct. No adhesions to the pleura, nor

nor turgescency of the vessels of the lungs, could be perceived. The heart and pericardium were free from disease.

Stomach.—As in the other two instances which I had inspected, inflammation, in a greater or lesser degree, was discovered upon the inner coats of this organ; and the same phænomenon having been observed in perhaps the majority of other cases, great attention was paid to the condition of this viscus. No external appearance of disease could be traced; nor, when its contents had been discharged, (which amounted to about three ounces of a dark coloured and somewhat tenacious fluid) and its coats gently cleansed with warm water, and exposed to view by a longitudinal division, from the cardia to the pylorus: was there any trace of inflammation to be discovered—small particles of the cantharides lay scattered within its rugæ or folds; but even this irritating substance had not induced an inflammatory appearance.

The viscera of the abdomen were perfectly sound, and exhibited no uncommon appearance.

Remarks.

I shall venture to make a few remarks on this case, with a reference to the character and treatment of hydrophobia. The history of the symptoms, and its fatal termination, leave no room to doubt of its being an instance of rabies canina, or rabid hydrophobia. No intelligence, indeed, could be gained concerning the real state of the dog; but the symptoms of pain, numbness, and coldness, that originated in the cicatrix of the patient's wounded hand, four months after the bite; together with the speedy accession of hydrophobia, and the train of other characteristic symptoms which succeeded, seem to me quite decisive on the point in question. Among the symptoms enumerated in the history of this case, one may be noticed which did not appear in those instances that have fallen immediately under my observation; nor has it indeed been distinctly remarked by writers on the disease. I allude to the very troublesome sensation of heat, or burning, which the patient described, as extending from his legs throughout the whole frame; and yet unaccompanied by any sensible demonstration of increased temperature. Does not this fact strengthen the supposition, that the canine virus operates upon the nervous system? For in many hysterical and nervous cases, such sensations are often complained of; yet, neither in these, nor in the instance under considera-

tion,

tion, did it appear, that the action of the vascular system was in any way affected during this extraordinary heat or glow: moreover, the sensation is transitory and fluctuating in both instances.

I had occasion to remark, in former cases, some degree of that lateral and, at times, depressed motion of the jaw, which formed a striking feature in this patient's complaint. That it arises from the causes before enumerated, I think, is highly probable. But what is well worthy of observation, not only in this, but in every other case of genuine hydrophobia, (that I have either seen or heard of) the existence of stricture about the throat and præcordia, invariably constitutes one of the primary symptoms of this baleful malady; increases with its increase, and attends the patient till nearly the last moment of his existence. Happy would it be for humanity, and highly honourable to the medical art, if a remedy could be discovered for this justly reputed *opprobrium* of medicine! It is, however, somewhat consolatory to find, that opiate frictions, and the use of electricity (in the manner already pointed out) seemed to possess the power of abating the irritability of the system, and producing a transient mitigation of the patient's sufferings. Considering the very late period of the disease at which these remedies were tried, no very sanguine hopes could be entertained of their being useful, even as *palliative* means; but may not more permanently beneficial effects be derived from their exhibition in a very early state of the disorder? The administration of two such powerful medicines, as the pure caustic alkali and cantharides in substance, seems at least to be safe, if not useful, from what has been already stated. Most unquestionably, if it should ever fall to my lot to treat a third case of so distressing and fatal a malady, I shall be tempted to try safe, yet active doses of the arsenical solution (as the most powerful tonic in the whole range of the materia medica) along with wine, opiate frictions, and electricity. I am the more confirmed in the hope of utility from this practice, as it met with the approbation and recommendation of my highly respected and much lamented friend, the late Dr. Percival. Sanctioned by his authority, medical practitioners may probably be induced to make trial of this method of cure:—a method that, in part, has certainly succeeded in alleviating some of the symptoms of hydrophobia; but which, indeed, is chiefly recommended by its supposed agreement with the rational principles of analogical induction.

Manchester, Dec. 11, 1804.

Extraordinary Appearance of the Stomach, *discovered on Dissection*; *by* Geo. Edw. Male, M. D.

Sept. 21, 1803, Mary Darlington, ætat. 15 years, had been complaining for two or three days of slight pain in her bowels, which became greatly aggravated on the morning of the 21st inst. I was called to her in the evening of the same day, and found her labouring under enteritis. Her countenance was pale and ghastly; pulse 150; urine scanty, and high coloured; body costive. She could give no account of the cause of her disease. I was informed she had had this complaint, accompanied with gastritis, about four years ago, since which time she had occasionally complained of a pain in her stomach. She had taken an emetic, and some gin with the tincture of rhubarb, by the advice of one of her female neighbours. I ordered ℥x of blood to be taken from her arm, and a glyster, with an ounce of castor oil, to be exhibited immediately. Her abdomen was directed to be fomented with a decoction of chamomile; and her thirst being extremely urgent, she was allowed toast and water made tepid to drink. At eleven o'clock I was informed no blood could be obtained by the lancet; leeches were applied to the abdomen, but as she was then evidently about to expire, nothing farther was done, and she died about an hour afterwards.

Appearances on Dissection.

Leave having been obtained to inspect the body, it was opened on the morning of the 23d of September, thirty-six hours after death, by Mr. Edwards, Apothecary, at the Dispensary.

The omentum was found adhering very firmly to the peritoneum on both sides, and also to the intestines in several places. A very large quantity of serous fluid was discovered in the cavity of the abdomen, amounting to several quarts, with considerable effusion of coagulable lymph. The small intestines exhibited marks of general inflammation, and the larger ones were slightly affected and much distended with air, but no appearance of gangrene was discoverable. The liver was rather small, and of a paler colour than natural. The stomach was empty, and appeared partially inflamed; and in the superior part of it, near the cardia, was a foramen, nearly circular, about three quarters of an inch in diameter, perfectly smooth and regular;

regular; it had not at all the appearance of having been eroded by the gastric juice, or of being the effect of *recent* inflammation. On the opposite side of the same organ was another foramen, nearly of an oval form, not quite half an inch in length, which however did not perforate the external coat of the stomach, but had apparently formerly done so, and afterwards become closed, and the edges united by a cicatrix. The other parts of the stomach were perfectly sound. I presented the stomach to Mr. Freer, surgeon, in Birmingham, who has preserved it in his collection. The rectum contained a few hardened scybala, but the other parts of the intestinal canal were nearly empty. I have enclosed a rough sketch of the parts, of which you may make what use you please.

Birmingham, Dec. 8, 1804.

EXPLANATION OF THE PLATE.

a. A part of the interior side of the stomach, the other parts being cut away.

b. A foramen about half an inch in length, nearly oval, but not perforating the external coat.

c. A foramen in the superior surface of the stomach, about two inches in circumference.

OBSERVATIONS RESPECTING INOCULATION; *by* W. KING, M. D.

1. HAVING inoculated with cow-pox matter, some children who had been inoculated with small-pox three years before, a very slight local irritation only could be produced.

2. On trying the variolous matter, after the vaccine, no effect whatever was produced.

3. I made use of vaccine matter taken from the arm so early as the eighth, and so late as the sixteenth day from inoculation, with equally complete success.

4. Having inoculated a number of children with matter, (vaccine) which had been kept between two pieces of glass for two months, only one in nine missed infection.

5. In one instance I inoculated with vaccine matter, with equal care, *three times* before it took effect.

6. I inoculated (with cow-pox matter) a lady near sixty years of age, who went through the different stages of the disease! She had brought up a family of ten children, and attended them all in small-pox by the natural contagion, without ever having had the disease herself; but was always

ways under great apprehensions of it. Two of her children were inoculated with the vaccine matter at the same time with herself; in them no effect was produced, while she had this disease favourably, and thus was freed both from the danger and dread of the other.

7. An instance of cow-pox, measles, and hooping cough, in the same person, at the same time, as under. I was called to visit a maid-servant ill of the measles, at a village where a number of children had the hooping cough; she had been there only a few days, and had come from another village, where measles had lately prevailed. I had proposed to inoculate all the children of this village with cow-pox gratis; but the measles having appeared, the lady of the house wished to know if it would be proper to do so at the time? I replied, that as to the cow-pox as a disease, no danger whatever was to be apprehended from it; and as the hooping cough prevailed, there was great reason to believe that it would much alleviate, if not altogether relieve some from it; besides, I thought there was a probability that it would prevent the contagion of measles from spreading. The lady did me the honour of assenting to these ideas, and thought the people would all be glad to avail themselves of so kind and generous an offer. Accordingly they all, to a few, brought their children to be inoculated.

In the house nearest to the hall were three children; one of them four years old, another two, the third a few months; the oldest child, a boy, was occasionally in the kitchen where the servant was, under measles; about the usual time his arm inflamed, and also the measles appeared; his cough became much easier; all symptoms pretty mild.

The youngest child not having taken the cow-pox, I repeated the inoculation in the one arm from the pustule of the child with measles, and in the other from that of the second child who had not measles.

The infection took place in both arms, and I could perceive no difference in the appearance of the pustules, nor did the infant shew any sign of measles; its cough, however, was also relieved during the vaccination; and what was observable, the measles seemed so to have protracted, or retarded the progress of cow-pox in the oldest child, that the arm of the young one, inoculated from it, was healed up before his.

No other child in the village took measles, which I apprehend might be attributed to vaccination; all of them were, more or less, relieved of hooping cough during it.

Another

Another servant girl, who came into the house afterwards, took the measles; yet, even after that, they did not spread in the village.

Fully convinced of the great value of the Jennerian discovery, I had endeavoured to extend its utility to the poor; and with this view, at one village, I offered to the Farmer to inoculate all the children on his extensive farm without any expence. He sent his servant to inform them, and lest any mistake had been committed, he went himself, and returned with the same report as he had received, that none of the parents would tempt or offend the Lord by bringing disease on their children, but would trust to Providence! He thanked me kindly for so generous an offer, but was very sorry his dependents would not avail themselves of such liberality, of which, from their conduct and ignorant superstition, they proved themselves unworthy.

Respecting Scarlatina Anginosa.

Chiefly in the months of September and October last, prevailed the scarlatina anginosa, which much resembled that described by Dr. Sims, as met with in London in 1786. Several anomalous cases were met with, some few died. In some the eruption was considerable, the throat little affected, and the contrary. Sometimes the throat appeared ulcerated very early, and in others late in the disease, and in several the sebaceous crust only appeared. In some the inflammatory symptoms were brisk at first, in others they had a putrid tendency.

Going one day to visit a family ill of it, one had the eruption very complete, with strong fever from the first; it occured to me, without being conscious of having ever heard of any similar suggestion, that it might be communicated by inoculation. I prevailed on the parents to submit one child to it. The result was, that the arm inflamed, and the child took the disease much as in cow-pox, and the febrile symptoms were so slight that the child was not at all confined thereby; the vesicles filled with laudable pus, and gradually dried off. I afterwards inoculated the child with cow-pox, and it took the disease very favourably.

Another child, very like it in age, constitution, &c. was inoculated with cow-pox, and its arm was the most inflamed and ulcerated of any I met with during the year.

Query. Might not the Scarlatina, by inoculation, have caused the other to be more easy?

May not Scarlatina be safely inoculated for?

May it prevent Small-pox, or other Exanthemata?

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

SOME people are of opinion, that the subject of Vaccination is exhausted. To me, however, it appears, that the discussion of that subject has increased, is increasing, and ought not to be diminished, till the practice is universal, or the small-pox exterminated from the face of the earth.

On a former occasion I expressed a doubt, whether the secondary eruptions which occurred after the insertion of supposed vaccine virus, in the practice of Dr. Adams, when at Madeira, were of the vaccine kind. That doubt is not lessened by any thing which I have since read.

In the infancy of the practice it was generally believed, that the cow-pock was an eruptive disease. This was owing to the variolated atmosphere which many of the patients breathed; or to the introduction of the small-pox into the system by some other means, instead of the cow-pock. It is well known that this particularly occurred in the practice of Dr. Woodville; yet Dr. Adams tells us, that in this respect he is content to stand on the same ground with Dr. Woodville.

It was my painful lot to point out the true nature of those eruptions, and to prove that they were the real small-pox; not eruptions produced by the cow-pock, in consequence of the patient breathing a variolated atmosphere, as some gentlemen imagined. In proportion to the care taken to avoid all communication with the small-pox, those eruptions ceased; and medical practitioners in general now consider the cow-pock as a local disease. What those eruptions were which appeared in the practice of Dr. Adams, I must leave to others to determine.

Rashes of different kinds are frequent attendants on the cow-pock; but I have never yet seen a single instance of a secondary vaccine vesicle, that might not easily be accounted for, in consequence of a second inoculation with the nail of the patient. In very young infants, who are not able to scratch their arms, I have never seen a vesicle of this kind.

Dr. Adams's eruptions are the less likely to have been vaccine, from their having been observed, in some instances, where no sign of infection appeared at the place of insertion. Two such deviations from the usual law of nature require long experience to confirm them.

It

It is true I expressed a doubt concerning Dr. Adams's cases, when we met previous to his journey into Scotland. The same doubt was, and is still entertained, by those inoculators with whom I am acquainted. Not expecting to meet Dr. Adams, I had not for a considerable time read his description of those cases; I, therefore, in the course of conversation mentioned, that many eruptive cases had occurred in my own practice, and that of others, in the infancy of vaccination; and that those eruptions were now well known to have been variolous.

Dr. Adams has, undesignedly, made me commit a great blunder, by misquoting my words. He makes me say, that matter taken from such eruptions has produced the chicken-pox. It will, however, appear, by referring to my letter in the Medical and Physical Journal for October, that the eruptions to which I then alluded were those of the chicken-pox, not the small-pox.

Dr. Adams notices the candour and moderation of Mr. Cardan of Worcester; if he will inquire into the conduct of the practitioners in this metropolis upon similar occasions, he will find that he need not have travelled to Worcester for such examples.

Dr. Adams says, we ought always to give our antagonist credit for all the good intentions he professes; and that a very slight knowledge of the world will teach us, this is the readiest way to convince him. A very slight knowledge of the world, however, will teach us, how dangerous it is to trust to professions; and that it is not easy to convince a man of any truth, which stands in opposition to his interest. None are so blind as those who will not see.

Dr. Adams asserts, that if the favourers of vaccination should be ready to admit some of those motives suspected by Dr. Macdonald, its enemies will think still worse of a cause, which requires such insinuations to support it. If, however, Dr. Macdonald saw reason to suspect sinister motives in any antagonist, it was his duty to declare it. If his suspicions were ill-founded, his insinuations would rather injure himself than the practice he meant to defend.

I cannot but be rather surprized at Dr. Adams's opinion, that a defect of evidence or irregularity, even when acknowledged, reflects on Mr. Goldson the highest honour; since there were other witnesses who could have corrected any misrepresentation.

Dr. Adams pronounces an eulogium on Mr. Goldson's veracity, and affirms, that when he was anxious to discredit vaccination, he did not strain his evidence. To me, however,

however, and to many others, he appears to have strained his evidence; some instances of which are to be found in my answer to his pamphlet, and others in that of Dr. Macdonald. Had he strained it more, he would have been liable to detection; and have stamped an indelible stigma on the cause he meant to support.

Dr. Adams calls himself a zealot; and is willing to bestow the same compliment on Dr. Willan. I trust, however, that neither of those gentlemen will ever make good his title to that opprobrious epithet; nor on any occasion betray more zeal than discretion.

The world is much obliged to Dr. Adams for reminding us of Mr. Hunter's criterion of the small-pox; which, I trust, will in future supersede the practice of inoculating with matter suspected to be variolous; a practice to which some gentlemen are extremely fond of having recourse upon every occasion, regardless of the consequences it may produce. Thus the mischiefs arising from the failures, and even the supposed failures of vaccination, are multiplied a hundred fold.

In the last number of the Medical and Chirurgical Review is a contribution to vaccine literature, which, if not very learned or ingenious, is at least very long; it forms a part of a deep conspiracy against vaccination. The author tells us, that "speaking abstractedly," (he means *distractedly),* "it is of no moment in which way the question respecting the vaccine practice is ultimately determined." This is a most extraordinary assertion. The hopes of the public have been raised to the highest pitch; and after being taught to expect a mild substitute for the small-pox, and the extermination of that dreadful disease, we are told, it is of no consequence whether their hopes are realised or not.

We are also told, that the author of the article asked permission to consult the Minutes of the Vaccine-Pock Institution, in Broad Street, Golden Square; *who* had taken much pains to investigate the different cases. He obtained permission; and, after consulting the Minutes, appears to have made as free with them as if they were his own.

With respect to the Cases in Fullwood's Rents, we are informed the account received from Mrs. Hodges seems to prove, that the progress of vaccination was regular and satisfactory; and that the subsequent small-pox is not controverted. But in opposition to these, and other supposed failures,

failures, we are afterwards told, that Dr. Pearson attributes them to the negligence and ignorance of inoculators; and endeavours to prove, by a comprehensive view of the subject, and a very copious induction of facts, *that notwithstanding the late failures, and many more that are to be expected, it is a law of the animal economy, to have the susceptibility of the small-pox totally destroyed by the cow-pock; and that there is no more reason to doubt the universality of this law in the inoculation of the cow-pock, than in the inoculation of the small-pox.*

This being admitted, it follows of course, that certain persons, either through ignorance, or self-interest, or malevolence, have spread false alarms; filling the minds of parents with groundless fears, and doing an injury to the rising generation, for which they can never make an atonement.

We next learn the result of inoculations instituted by Dr. Pearson, for the sake of ascertaining whether the cases in Fullwood's Rents were variolous. This, I trust, will be the last report of such experiments, the necessity of which can no longer be pleaded, nor the criminality of instituting them palliated, since the criterion pointed out by Dr. Adams is generally known.

In one case there was the regular small-pox; in another there were some eruptions resembling the tooth-rash, or such as occur frequently after the cow-pock. These, which on a former occasion I have termed *miliary eruptions*, are the effect of simple cuticular inflammation, produced by mere heat, or any other stimulus whatever; and are so common as not to excite much attention, unless they occur after putting a vaccine patient to the test of variolous inoculation. But in that case, mole-hills are turned into mountains, and miliary eruptions into the small-pox.

Several instances of this sort I have noticed on former occasions; and others are continually starting up like hobgoblins, spreading a panic among women and children, and a *pretended panic* among certain medical practitioners; some of whom cannot conceal their exultation on account of the recent failures, or their sanguine hope, that this branch of practice will in future be confined to professional men.

It is, however, a little surprising, that these gentlemen did not shew any signs of sorrow on this melancholy occasion. Had a series of similar occurrences realised their expectation, and confirmed their opinion, even in that case, the enthusiasm manifested by others in favour of vaccination

vaccination would not have been an object of censure, but a fault—

Ignoscenda quidem, scirent si ignoscere manes.

I have, on former occasions, related instances of the small-pox occurring a second time. In the article under consideration we are told, that Dr. Woodville has never met with an instance of this kind; and Mr. Wachsel is doubtful whether he has or not. I shall, therefore, add others which have since come to my knowledge.

The first is that of Mrs. Smith, of Jennings's Row, Kensington, who was inoculated when she lived at Catfield, in Norfolk, by Mr. Downes, with recent matter taken from a child, who, together with her mother, laboured under the small-pox; of which the mother died.

Mrs. Smith was taken to the apartment where these variolous patients lay, and inoculated on the spot. Her arm rose, she sickened, and had about fifty pustules. She was then about nineteen years of age.

Above twenty years after, her daughter, who now lives with her, had the confluent small-pox in the natural way; in consequence of which she is much pitted. Mrs. Smith caught it of her, and had it so severely, that her husband counted about five hundred pustules on her back.

The second case is that of Mrs. Skittleworth, at No. 3, Horse Shoe Alley, York Street, Westminster; who was inoculated for the small-pox in Wales, when nine months old. The matter was taken from a child, who, together with its mother and three other children, was covered with the natural small-pox. The woman was so ill, as to be unable to suckle her child; it was, therefore, suckled by Mrs. Skittleworth's mother, together with her own. Mrs. S. has repeatedly been informed by her mother, that her arm rose, that she sickened, and had about twenty-five pocks. On coming to London, she caught the small-pox in the natural way, has had a very heavy burden, and is much marked by that cruel distemper.

Having asked this woman why she did not have her child inoculated, she answered, "Sir, I was inoculated myself in my infancy, when in Wales; and, on coming to London, caught the small-pox again, and had it as you see."

With respect to the cases in Fullwood's Rents, one of them was over before I heard of the affair; the other I acknowledged to be the small-pox at first sight. Whether either or both of them previously had the perfect and genuine

genuine cow-pock, I am not quite so certain. The evidence in favour of that opinion is undoubtedly strong; and would be conclusive, had we not been taught by Dr. Jenner and other practitioners, that a spurious pustule, produced by vaccine virus taken at a late period, may so nearly resemble the genuine, as to be mistaken for it; and that such a spurious pustule is capable of perpetuating its like.

Since I first had reason to believe this hypothesis, I have cautiously abstained from taking matter at a late period; and am therefore not fully competent to decide the question; but if that hypothesis is well founded, it is not sufficient to assert, that the matter with which one of the children was inoculated, was taken on the eighth day, unless it can also be proved, that it had not been previously vitiated by a neglect of this rule. As to the other child, it is not known on what day the matter, with which she was inoculated, was taken.

I am, however, ready to admit, for the sake of argument, though by no means convinced of the fact, that both those children had the small-pox after the cow-pock. While failures in the inoculation of the small-pox are so numerous, it is not necessary to maintain the doctrine of those zealots in vaccination, who contend, that no failure can possibly occur in the inoculation of the cow-pock.

> Non tali auxilo, neque defensoribus istis,
> Tempus eget.

An objection has been urged against any testimonial, declaring that the cow-pock is a perfect security against the small-pox. The objection is indeed plausible, but not new. However, till better and more accurate testimonials are published, it may be sufficient to remark, that many who subscribe the present, only mean to lay down a general rule; which is not without exceptions. Nevertheless, it would be more correct, and more justifiable, to declare an opinion, that those who have had the cow-pock are as secure as those who have had the small-pox.

The Kensington case is again obtruded on the public, in the Medical and Chirurgical Review, and with no small degree of effrontery. A committee, consisting of Dr. Pearson, Mr. Payne, and Mr. Young, is said to have been appointed by the board of the Vaccine Pock Institution, to investigate this case; in which, it is justly observed, the question of the child's having had the cow-pock, is the only point in dispute.

Having

Having enquired into this case very minutely more than once as an individual, and afterwards as a member of a committee appointed by the Medical Council of the Royal Jennerian Society, I was so fortunate as to discover two very important circumstances, overlooked by those who had previously enquired into the case; some of whom were very anxious to prove it had been a case of cow-pock, in order to explode the practice; others, *because it occurred at a rival institution.*

The first of these circumstances was, *that the inoculator never saw the child after the fourth day*; the second, *that the pustules were both ruptured at an early period.* This latter circumstance, which rendered it more difficult to determine whether the disease had been genuine, and whether it went through its regular course, is carefully kept out of sight, in all the various and contradictory reports of the case, published in the Medical and Chirurgical Review.

Even in the present account, there is one blunder. The *mother* did not attend at the inoculator's house on the Monday following, but the *daughter*. This is not material to the point at issue; but it is material towards shewing the inaccuracy of the report.

As another proof of its inaccuracy, we are told the child's *arms deadened,* and became *an entire* scab. Mrs. Meredith had first declared the scab was *brown,* and afterwards that it was *black.* She now declared, that she could *neither say it was black or brown.*

The report concludes with observing, that Mr. and Mrs. M. appear to be much superior to others in the same rank of life, in consistency and accuracy. As a proof of this, we are told, he had kept minutes of the illness of the child in the small-pox, and regretted that he had not done the same in the cow-pock. Mr. M. is a shoemaker, and for his rank in life may be a sensible man, nay, he may be as good a scholar as the reporter of the case in the Review; it will, nevertheless, be adviseable for him to remember the old adage—Ne sutor ultra crepidam.

I cannot dismiss this subject without remarking, that had the father of lies been concerned in propagating a report concerning it, he could not more effectually have disguised the truth, than has in general been done on this occasion. It is evident that there is some individual, who is determined to prove the failure of vaccination in this instance;

instance; and though repeatedly baffled in his attempt, returns again to the charge:

> Destroy the fib, and break the web,—and then
> The creature's at his dirty work again.

Such perseverance, in such a cause, carries with it rather an appearance of persecution; an appearance of envy, hatred, malice, and all uncharitableness, than of public spirit, and a love of truth:

> But what will not ambition and revenge
> Descend to?

Another case recorded in these reports, is one that occurred in my practice, in the year 1800. The subject of it was the daughter of Mr. Smith, at that time residing in Dorset Street, Salisbury Square; not in Wilderness Lane, her present residence, as stated in the report.

This error is of no consequence with regard to the grand point in question, which is the efficacy of the cow-pock; but it is of some consequence as far as it shews the careless and negligent manner in which this, as well as other cases in the report, is drawn up.

The pustules in this child were remarkably small, and bore no comparison to those of her sister, who was inoculated at the same time. The pustule, with the surrounding inflammation, did not exceed the size of a pea; and it dried and fell off so soon, that the arm was well in a fortnight after inoculation. In this respect also, the report in the Review is very incorrect; as any one may learn, who will take the trouble of calling on Mrs. Smith, at No. 34, Wilderness Lane.

No scar, resembling that of cow-pock, remains; and it is the opinion of every one who has seen the arms, that the attempt to vaccinate this child proved abortive. It will also appear, by inquiring of Mrs. Smith, that those persons who circulated a report of the child's having had the small-pox after the cow-pox, knew that they were circulating a falsehood.

The members of the Vaccine Pock Institution who communicated the case, were Dr. Pearson and Mr. Coxwell; who had visited the patient. The opinion of the officers of the Institution is, that she did not go regularly through the cow-pock. To this opinion I readily subscribe; and freely confess, that whatever blame is due, it ought to fall on the practitioner, and not on the practice.

I must, however, beg leave to state the following particulars, as the best apology for my error. At that time

I practised

I practised gratuitous inoculation of the cow-pock to a very considerable extent, both at home and abroad. Among others I inoculated the two children of Mr. Smith; first at his brother's house at Newington, and afterwards at my own house.

I then followed the rule laid down by certain inoculators, who pretended to know better than Dr. Jenner,—that of taking the vaccine fluid as long as it continued to be limpid; a rule which has proved fallacious in other instances, as well as in the present; but this is the only one, as far as I know, in which I did not detect its fallacy at the time.

The children of Mr. Smith were to have been brought to me again for inspection on a particular day; but when I called next at his brother's, I was informed it would not be convenient to their parents to bring them, on account of the distance. I therefore called once to see them; and should have called oftener, as, every one must know, ought to be done in all cases of this kind, when practicable; but other avocations prevented me. At the same time, I must own, that from the very imperfect knowledge of vaccination I then possessed, the cases appeared to me satisfactory.

I am content to bear the blame on this occasion; but am compelled, in my own defence, to mention the difficulties and disadvantages under which I then laboured. I was propagating the gratuitous inoculation of a disease scarcely known even by name, from house to house, through the large and populous district of Southwark, and the neighbouring villages; not only without the aid of medical practitioners, but in direct opposition to many of them, some of whom had recourse to the most illiberal and wicked arts, in order to check my progress. Having had such obstacles to encounter, it is to me a great consolation, that no more charges are yet brought forward against me in the same authentic way; and I shall be tolerably well satisfied, after passing the fiery ordeal now instituted, if twenty other similar cases should not rise up in judgment against me.

I am, &c.

New Street, Hanover Square. JOHN RING.

CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

The Edinburgh Medical and Surgical Journal, exhibiting a concise View of the latest and most important Discoveries in Medicine, Pharmacy, and Surgery. By a Society of Gentlemen of London and Edinburgh, 1804.

By an advertisement prefixed to this number, we are informed that it is now to be offered to the public without the sanction of any particular names, on account of some new arrangements which have occurred since the work was first projected. The public, however, seems disposed to consider it as a continuation of the *Annals of Medicine* in a different, and, in our opinion, in a better form.

As we were in the habit of giving an analysis of the different articles in that work, we shall continue the same with the present.

The division, like our own, consists of original communications, analysis of books, and medical news. Of the former, the first article is the "History of Three Cases of Erythema Mercuriale, with Observations. By Thomas Spens, M. D. President of the Royal College of Physicians, and Physician to the Royal Infirmary of Edinburgh.

These cases are, in every respect, similar to those lately published by Mr. Alley, of Dublin, and Dr. Moriarty, of Roscommon. The former gives them the general name of the mercurial disease; the latter, *lepra mercurialis*. On account of the great desquamation, the latter term appears to us less objectionable than either of the other. This desquamation, or, from its depth and rapidity, as it may sometimes be called, this excoriation with exudation, peculiar fœtor, and in some instances, fever, are the peculiar character of a disease which seems altogether the consequence of idiosyncrasy. In the cases here related, exposure to cold was added to the exhibition of mercury. But this, the author remarks, is so common an occurrence, as to be considered an insufficient cause, without a peculiarity of constitution. In Dr. Moriarty's cases, we might add, an increased heat of the atmosphere, more commonly was noticed when the disease most prevailed. The complaint has certainly not hitherto been marked in the manner we trust it will be in future. Dr. Spens, indeed, gives Mr. Bell the credit of having noticed it in his Treatise; but Mr. Bell says nothing of desquamation,

tion, fœtid exudation, or fever. Moreover, he speaks of the complaint, as *not an uncommon effect* of mercury.

The second article is, "An Account of Two Cases of Tumours in the Pelvis growing out of the sacrosciatic Ligament, one of which terminated fatally, and the other was cured by extracting the Tumour through an Incision made into the Cavity of the Pelvis, through the Perinæum. By F. P. Drew, M. D. Fermoy, County of Cork."

This is a very important paper, inasmuch as it authorises an operation, which, but for the event, some people might have called rash. In the first case, the boldness of the undertaking deterred the surgeons from attempting it, apprehending that the tumour might be connected with the large blood vessels in the inside of the pelvis. The increase of the tumour at last produced a total interruption to the passages of the urethra and rectum; and during the absence of Dr. Drew, the patient died convulsed.

On making a free opening into the pelvis after death, the tumour was easily turned out, having no communicating blood vessels, and only a slight attachment to the surrounding parts, excepting at its neck, which seemed to grow out of the sacro-sciatic ligament. Its texture was gristly, and the body of the tumour was a fat gristly substance. This view of the parts after death, suggested to the operator a question, whether the tumour might not with safety have been removed during life, by making an incision on one side of the perinæum and anus, backwards towards the os coxygis?

About six months afterwards, the second case occurred. The first time Mr. Drew saw the woman, was the second day of her labour, in consultation with three other medical gentlemen, whose signatures he has thought it right to affix. The recollection of the former case, suggested the only remedy in the present. Either the Cæsarian operation, or the extraction of the tumour was absolutely necessary. Besides the well known danger of the former, even should it succeed, the diseased part would remain. Mr. Drew therefore undertook the operation of extracting the tumour by the perinæum, and succeeded. The woman was soon after delivered of a living child, and, when the case was transmitted, both were doing well. On the success of this important operation, which does so much honour to the operator and to surgery, it is unnecessary to make any remark; but we cannot dismiss the article without wishing gentlemen, who are most in the habit of deciding upon such cases, to consider whether some of those tumours, which arise from the ovaria, and are confined to the pelvis, might not with safety be extracted in this manner. We mean not to propose a hazardous operation, where the patient feels no other inconvenience than her increased bulk; but where the offices of the neighbouring parts are so much interrupted as to render life no longer desirable, such a proposal might be submitted to the patient.

Article the third, On the Treatment of Chorea Sancti Viti, by Purgatives. By John M'Mullin, Member of the Royal Medical Society of Edinburgh.

The

The object of this paper is to show, that, admitting the disease in question to be a disease of debility, still purgatives may be necessary. This is what no prudent practitioner would doubt. Debility is for the most part rather an effect than a cause; and in our curative intention, the first business is to search for the cause. All Mr. M'Mullin's cases were in the Infirmary, probably among poor manufacturer's children, or others in a similar situation. Meagre diet, sedentary habits, and in some a period of life when we might expect chlorosis, probably produced a torpor in all the actions of the viscera, which a brisk purgative would be very likely to remove, and the diet and air of the hospital might be comparatively generous and pure, considering what such objects were accustomed to. The author remarks, that the fæces at the beginning of the treatment were, in every instance, black and fœtid. Fœtid is a very uncertain term for a stool, and the blackness might have been occasioned by the exhibition of chalybeates before the patients were admitted. However, these cases may be useful, if a generel prejudice prevails that cathartics are never to be used in cases of chorœa.

The fourth article contains, "Two Cases in which diseased Portions of the Tongue were successfully removed by Means of Ligature. By Andrew Inglis, M. D. Fellow of the Royal College of Surgeons, and One of the Surgeons to the Royal Infirmary at Edinburgh." These cases are well reported.

The fifth article is a "Case of a remarkable Conformation of the Urinary and Genital Organs in a Female Child, (with an Engraving). By Mr. W. H. Coates, Surgeon to the Fifth Dragoon Guards. The subject was one of twins, a female, in all respects stout, notwithstanding her unhappy formation. The history may stand among the records of those unfortunates, but no practical advantage can be derived from it. As the author observes, it resembles pretty much the case given by Dr. Baillie, in the Medical and Chirurgical Transactions. We could wish Mr. C. to be a little more intelligible in his future reflections, should he offer any.

If the partiality of the public allowed a great discoverer to explain new ideas in new language, they may not be so well pleased with our author's "whimsicalities of Nature," and his conjectures whether chance or design might have produced some of these aberrations from the customary arrangement of parts. It is, however, but justice to add, that his only intention seems to institute an enquiry, how far the want of the anterior part of the bladder may render necessary, and be usually attended with those other alterations in the parts discoverable in this and many similar subjects. A well executed plate illustrates the description.

Article the sixth, "An Attempt towards a systematic Account of the Appearances connected with that Mal-formation of the urinary Organs, in which the Ureters, instead of terminating in a perfect Bladder, open externally on the Surface of the Abdomen.

 By

By Andrew Duncan, Jun. M. D. Fellow of the Royal College of Physicians and Royal Society of Edinburgh."

What the former paper hints at, this promises very amply to supply. Dr. Duncan, with great industry and not less judgment, has collected all the cases related by different authors, in which the bladder was deficient, and endeavoured to make such an arrangement as may generalize, if not reduce to order this imperfect organization. After a few preliminary remarks, he divides his enquiries, by giving, first, an accurate account of a male subject to accompany Mr. Coates's description of a female. Secondly, a description of the urinary organs in all such subjects of both sexes, as have been recorded. Thirdly, other deviations from the natural structure, common to both sexes. Fourthly, a description of the genital organs of the male. Fifthly, a description of those organs in the female. Sixthly, general observations. The article in the present number, extends no further than to the fourth division. A reference to the male cases on record, follows. A plate, giving a description of a case which occurred to Mr. Astley Cooper, accompanies this article, which is to be concluded in the next number.

Article the seventh, " A Case of Catalepsy, with some Remarks on that Disease. By Richard Lubbock, M. D. of Norwich.

This curious disease, of which Dr. Cullen acknowledges he never saw *nisi simulatum*, has been accurately described by few modern authors. Dr. J. Jebb gave the history of a case, in which however many of his contemparies suspected he was deceived. Dr. Lubbock has seen several instances, two of which were in men. We are not disposed to question that gentleman's accuracy, nor do we doubt that the disease occurs much more frequently than is generally suspected, though the records are so few. The following are the particulars of this case in the author's own words.

" About twenty months ago, Mr. W——, of M——, the apothecary who attended X. Y. a lady who is the subject of this detail, wrote to me, and gave me the particulars of a complaint, appearing to him singular and anomalous, which has more or less continued to trouble her at intervals since that time. His account was, that X. Y. without any previous indisposition, was suddenly attacked, while at work or reading, with an appearance of insensibility, and loss of motion of the muscles, purely voluntary, for several minutes, although at the same time perfectly conscious of every thing passing around her; without any feeling of sickness or faintness, the colour of the countenance being unchanged, and in no degree different from what it was in the most perfect health. At that time there was no irregular or convulsive motion in any part of the body; and after remaining a short time motionless, and to appearance insensible, and at times without the power of speech, or of expressing her wants or wishes, by any kind of sign, she would in an instant resume her activity, without

any

any feeling of bodily or mental inconvenience from what had just taken place.

"During these attacks, the limbs were for the most part flexible; but now and then some degree of rigidity took place. At first, the attacks recurred but seldom, about once in a week; but afterwards they happened more frequently, and would equally take place whether the lady was walking or sitting. When the attack took place in the act of walking, she never injured herself by the fall; but, to use her own expression, she seemed to make a ridiculous display of ease and grace in falling."

From this account, Dr. Lubbock had no hesitation in pronouncing the disease catalepsy, and prescribed a variety of those remedies which are usually termed nervous and tonic, but with little success. The following is the account given of his first personal attendance.

"Upon my name being announced at my first visit, an occurrence of the disorder took place—she fell back upon the sofa, and remained motionless for some minutes, the pulse being undisturbed and regular, the colour of the countenance natural, and the respiration unaffected; and from this state she recovered in an instant, as if nothing had happened, and in full possession of the powers of body and mind. During the time she was under my immediate care, I frequently witnessed similar paroxysms when she was seated, and accompanied with rigidity of all, or of one or more of the extremities, and for a longer or shorter period, the limbs remaining in the position in which the seizure took place; and this position would immoveably remain the same, although, during the seizure, sleep should supervene: at times it happened, that the cataleptic state would come on during sleep. Thus, I have known one of the upper extremities caught nearly at right angles with the trunk of the body, at the instant of the attack, when X. Y. has been awake; and, sleep coming on during the seizure, the limb has retained the same position till the dissolution of the attack. I have also seen the complaint come on as she was walking across the room, when she would remain standing and motionless, with rigidity of the lower limbs for some time, but retaining frequently the use of the arms, and the power of speaking.

"I have seen the same rigidity suddenly affect the muscles of the head and neck, upon the head being turned towards the shoulder, to observe a person entering the room, in which position it would remain fixed for some time; and I have known the speech leave her entirely for forty-eight hours, although, during that time, she was able to walk three or four miles without fatigue. Indeed, the foregoing attacks scarcely ever prevented her from taking daily exercise, as, after they went off, she never felt any marked inability of exertion. And, to this list of irregularities of the influence of volition over the muscles, I may add, that at times she has been free from every other symptom of the attack, but the entire inability of shutting the eyelids; and at one time, for a few days, there

there seems to have been something of the irregularity of the motion of the extremities that characterizes St. Vitus's Dance, but which soon went off."

After this, follows a further account of the remedies, which the author's candour induces him to speak of, without exalting their efficacy.

Nothing can be more perspicuous than the history of this disease, which is indeed not be wondered at, when we consider its author; but this consideration makes us regret the more that we cannot say as much for his reflexions.

" Many and curious," says our author, " are the speculations suggested to the mind, by reflecting on the phenomena of the present and similar cases. It may be questioned, whether catalepsy has been correctly arranged by Sauvages and Cullen, under the order *Comata* in the class *Neuroses*. There is one general fact to be collected from all such cases, which is, that the cause of these phenomena is intimately connected with that faculty of the mind termed *Volition*. And what is remarkable and meriting attention, the same kind and degree of action, whether of flexion or extension, that this power called volition is exerting over the voluntary muscles at the moment of the accession, is immoveably preserved till the termination of the attack. Thus the diffusive current of volition is, as it were, stopt or frozen up, and its course through the muscles becomes fixed, and remains precisely in the same state, till the spell that fetters its influence is dissolved, and the seizure goes off."

We cannot help thinking, that if Dr. Lubbock had made up his mind, with the same accuracy as he usually does before he offers his sentiments, he would have avoided a language well adapted to poetry. We, therefore, admire it in a Milton, and admit it in a Darwin. But we lament it in a philosopher, who at so early a period of life, and in so crude a state of the science, pointed to a revolution in chemistry, which was soon afterwards to follow.

The last original article is, " A Case of Enteritis, with Remarks. By Mr. James Rumsey, of Amersham, Member of the Royal College of Surgeons, of London, and of the Royal Society of Edinburgh. The only thing remarkable in this history is, that the author should think his practice new, or that the editors should, by a supplemental note, think it necessary to confirm it. In cases of severe pain in a belly, tense and tender to the touch, most practitioners would suspect inflammation, and bleed freely. The author observes, that constipation is a necessary effect of inflammation in the bowels, as vomiting is of gastritis. Admitting this to be the case, it does not follow, nor does either the author or editor hint that constipation always arises from such a cause. Where the symptoms of inflammation are present, as in the case before us, the practice is certainly judicious, and if thought new, it was at least well intended to enforce it.

The

The second part of the work consists of Critical Analysis of Books. Under the Third Division "Medical Intelligence," we have first a long and authentic account of the Surgical Academy, (Pepiniere) at Berlin. By D. Görcke, Surgeon General of the Prussian Army, and Director of the Academy. An Account of the Institution for the Cure and Prevention of Contagious Fever in this Metropolis; by Thomas Bateman, M. D. F. L. S. Physician to the Institution and to the Public Dispensary in Carey Street. Account of the Diseases in the Carey Street Dispensary from September 1 to November 30 inclusive. Two articles follow, which might be termed Communications; the first on the Anti-Variolous Powers of Vaccination; the second, on Pulmonary Tubercles. The last contains many useful hints on diseases which hitherto have not been discriminated with an accuracy at all proportionate to their frequent fatality.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

MORE 'Cases of small-pox subsequent to vaccination, by William Goldson,' have just been offered to the world. How is it that this gentleman still continues to keep groping in the dark, when he has himself been the cause of so much light breaking out in every quarter? even in that where he continues to bewilder himself in 'his attempt at reform in the practice of vaccination?' How is it that he yet remains so insensible to the immense importance of his subject, as to think of taking up his own and his reader's time in adjusting how far those who have written on the subject have been gentlemanly, &c.? He says, moreover, the simple egoist, "Those who know me can best appreciate the purity of my intentions."* While, however, he has laid hold of certain errors committed in and about town, and published them in support of his own, he has done himself the justice to abstain from the attempt to strengthen his cause from the publication mentioned in his last sheet. I have myself vainly attempted to

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* A remark which he probably, happily, makes with all the consciousness of rectitude; but which he ought to have remembered is the common place language of the Charlatans, even of the notorious one whom he mentions in his last sheet, and who made unsuccesful efforts in 1798, to introduce into Paris, where I happened to be at the time, his *remedes pour l'indegestion et toutes sortes desmaux de l'estomac.*

to get it brought into discussion in several medical societies; but medical men every where seem to consider the pamphlet to originate in "Evil," and think it unworthy of notice.

W. G. says, in his Preface, 'from the result of experiments it was' (for—it was—read—I) 'concluded that inoculated cow-pox is only a temporary prevention.' And 'A few months only had elapsed before this conclusion was most decidedly confirmed in the practice of some the most eminent in the profession.'

I believe there is not any man of *character* in the profession, who would subscribe to W. G's opinion of vacciolation being only a temporary security; if there be such an one to be found, will he favour us with the address of his hardy compeer? 'Hence a spirit of inquiry has been excited.' The late Numbers in your Journal very satisfactorily exhibit many of the results of the experimental inquiries. They confirm the permanency of the protection of vacciola.

The author makes a great affair of inoculating on the hand instead of the arm, which, however, is a very common mode, especially among foreigners. All the matter used in the expedition, after its leaving Malta, was had from such inoculations. A military Surgeon (Mansen) had inoculated children in that way, on board the Diadem, on our going up, and on our arrival at Marmorice, and supplied me with these subjects. It sometimes happens that female relations, on my inoculating infants, mention to me that they themselves have never had the Small-pox; and, if I cannot prevail on them to let me vacciolate them in the usual way, I succeed in getting them to let me show them on the hand how trifling the puncture is. This produces more inflammation and pain than in the usual way; but they forgive me the 'pious fraud' I have exercised, on being assured that they are protected. Any difference in the appearance of the pocks produced in different parts of the body, does not appear to me to be worthy of any particular notice.

The Author, in his latter production, which he prefaces with *Omnia patefacienda, &c.* has been less careful in substantiating his statements than in the former; but in it the *invidia patefacta* is most strikingly prominent. The long pamphlet in question, of 150 pages, as far as I have read of it, reminds me of the Fable, *Parturiunt montes nascitur mus.*

Salisbury Square, 19, j. 1805. JOHN WALKER.

A Meteorological Table, by Dr. Higgins, *of Brompton.* *From Dec.* 20, 1804, *to *Jan.* 22, 1805.

Days of the Month.	Thermometer Fahrenheit 8 o'Clock Morning.	Noon.	10 o'Clock Night.	Centegrade Noon.	Height of the Barometer. Inches. 8 o'Clock Morning.	Noon.	10 o'Clock Night.	Deg. of Evaporation by the Hygrometer.	WEATHER.
Dec. 21	30°	32°	33°	00.00	30.58	30.56	30.52	16°	Fair.
22	32	34	28	1.11	.24	.08	29.93	14	Cloudy, snow in the evening.
23	32	36	30	2.22	29.95	29.96	30.13	13	Fair.
24	22	24	30	bel. ° 4.44	30.16	30.16	.10	14	Fair.
25	33	37	34	2.77	.03	29.97	29.80	12	Rain.
26	34	34	33	1.11	29.80	.80	.02	10	Rain and sleet.
27	33	35	32	1.66	.88	.90	30.01	16	Small rain.
28	32	34	30	1.11	30.06	30.06	.06	20	Cloudy.
29	31	32	30	0.00	.27	.34	.62	19	Cloudy.
30	28	31	29	bel. ° 0.55	.73	.73	.71	15	Cloudy.
31	31	33	29	0.55	.65	.56	.42	18	Fair.
Jan. 1	30	32	33	00.00	.36	.30	.20	15	Cloudy, rain in the evening.
2	36	38	36	3.33	.19	.19	.30	8	Rain.
3	36	40	37	4.44	.50	.51	.52	12	Cloudy.
4	37	39	30	3.88	.52	.50	.50	14	Cloudy.
5	38	43	40	6.11	.46	.38	.28	10	Cloudy.
6	41	43	40	6.11	.31	.35	.34	14	Cloudy.
7	44	45	41	7.22	.19	.20	.34	11	Rain in the morning.
8	31	39	30	3.88	.95	.95	.94	22	Fair.
9	32	33	29	0.55	.94	.88	.81	10	Cloudy.
10	26	29	31	bel. ° 1.66	.72	.65	.51	6	Foggy.
11	30	32	27	0.00	.46	.33	.19	8	Cloudy.
12	28	30	35	bel. ° 1.11	.04	29.74	29.51	7	Cloudy, rain in the night.
13	38	43	40	6.11	29.31	.15	28.64	14	Cloudy, rain in the evening.
14	35	40	32	4.44	.03	.16	29.36	10	Cloudy.
15	38	39	36	3.88	.44	.53	.89	13	Showery.
16	37	44	45	6.66	30.00	.98	.97	8	Showery.
17	42	46	36	7.77	.00	.80	.77	18	Cloudy, rain in the evening.
18	32	40	28	4.44	.00	30.06	30.22	14	Cloudy.
19	32	38	35	3.33	.21	29.96	29.44	10	Cloudy, rain in the evening.
20	37	44	38	6.66	29.14	.02	.04	6	Rain.
21	31	38	33	3.33	.34	.36	.35	9	Cloudy, rain in the evening.

* The Editors beg to acquaint Dr. Higgins, that his Meteorological Table for December has not been received; otherwise, it would most certainly have been inserted.

Account

Account of Diseases in an Eastern District of London, from December 20, 1804, to January 20, 1805.

ACUTE DISEASES.	
Pneumonia	3
Peripneumonia Notha	7
Rheumatismus Acutus	4
CHRONIC DISEASES.	
Tussis	19
Tussis cum Dyspnœa	33
Dyspnœa	15
Pleurodyne	4
Hæmoptysis	3
Phthisis Pulmonalis	4
Vermes	2
Hydrothorax	3
Ascites	1
Dyspepsia	6
Hypochondriasis	3
Menorrhagia	5
Chlorosis	5
Amenorrhœa	6
Rheumatismus Chronicus	19
PUERPERAL DISEASES.	
Ephemera	6
Enteritis	2
Menorrhagia Lochialis	7
INFANTILE DISEASES.	
Convulsio	3
Pertussis	1
Aphthæ	4
Diarrhœa	6

Upon a review of the state of diseases during the past year, we may congratulate the public on having enjoyed a considerable share of health. Since the epidemic of 1803, which extended not only to different parts of this kingdom, but also to neighbouring states, there has been but a comparatively small number of diseases in the metropolis, and their symptoms have been generally mild. Of acute diseases there have been very few. Of typhus, the instances have been comparatively rare. Cholera and dysentery appeared in the autumn; but, in general, in such a form as to occasion very little anxiety to the practitioner; and, as might be expected, the termination was usually favourable.

During the severe cold, which prevailed a few weeks ago, the different complaints of the chest suffered considerable aggravation. Coughs and peripneumonies frequently occurred; their symptoms were severe; and to persons in advanced life the disease generally proved fatal.

Medical and Physical Intelligence.

Dr. Walker has enclosed in a letter to the Editors the following important communication:

"Dear Sir, *Bath, Jan. 6, 1805.*

"I shall be obliged by your communicating to the Medical Council of the Royal Jennerian Society the enclosed Resolutions of a meeting held here on Jan. 1, for the purpose of forming a Royal Somerset Jennerian Society. Our plan will include provision for corresponding with your Society, and making our returns to you,

Your very obedient servant,

THOMAS CREASER.

To Dr. Walker, Salisbury Square, London.

Royal Somerset Jennerian Society.

Bath, Jan. 4, 1805.

At a numerous and highly respectable meeting, held on the 1st of January inst. at the Bath Agricultural Society's Room, to consider of the formation of A Somerset Jennerian Society for the extermination of the Small-pox, in pursuance of a requisition previously issued—Present, The Earl of Selkirk, Sir John Cox Hippisley, Bart. M. P. William Gore Langton, Esq. M. P. John Palmer, Esq. M. P. B. Hobhouse, Esq. M. P. Sir G. Colebrooke, Bart. Sir John Keane, Bart. Sir W. Watson, D. O. Parry Okeden, Esq. J. Ensor, Esq. John Wiltshire, Esq. Rev. Dr. Randolph, Dr. Haygarth, Dr. Crauford, Dr. Archer, Dr. Murray, Dr. Boisragon, Dr. Broderip, Dr. Moodie, J. Billingsley, Esq. Rev. —— Richards, Rev. R. Warner, Mr. Creaser, Mr. Tudor, &c. &c. Benjamin Hobhouse, Esq. M. P. in the Chair.

On the motion of John Wiltshire, Esq. it was resolved unanimously,

That the thanks of this meeting be transmitted through the Chairman to Dr. Jenner, expressive of the high sense which they entertain of his merit, and of the importance of his discovery.

That by the great diminution of deaths from Small-pox within the Bills of Mortality in London, (viz. from an average annually exceeding 2000 for the last fifty years of the past century, to the number of 536 within the year ending Dec. 1804, being the period of the greater part of the existence of the Royal Jennerian Society) it appears to this Meeting, that by the universal adoption of similar measures, there is a certain prospect of the speedy extermination of Small-pox.

That this Meeting do form itself into a Society, to be called *The Royal Somerset Jennerian Society*, for the extermination of the Small-pox.

That a subscription be opened to prosecute with vigour these salutary intentions; and that five guineas at one payment, or one guinea annually, shall constitute a governor.

That this Meeting do, through the Chairman, request His Royal Highness the Duke of York to honour the Society with his name and support as Patron.

That this Meeting do nominate and appoint the Right Hon. Earl Poulett to be President, and his Grace the Duke of Bedford, the Right Hon. Lord Somerville, the Members for the County of Somerset, the Members for the City of Bath, Sir John Cox Hippisley, Bart. Sir G. Colebrooke, Bart. Sir W. Watson, B. Hobhouse, Esq. M. P. John Wiltshire, Esq. Col. Strode, Col. Leigh, the Mayor of Bath, and the Rev. Dr. Randolph, to be Vice-Presidents of this Society, and that the number of Vice-Presidents shall not be less than twenty-four.

That this Society do appoint C. Phillot, Esq. Treasurer.

That a Committee be now appointed, and that H. White, Esq. J. Horton, Esq. C. Crook, Esq. D. O. Parry Okeden, Esq. John Ensor,

Ensor, Esq. Dr. Parry, Dr. Haygarth, Dr. Archer, Dr. Gibbes, Dr. Crawford, Dr. Murray, Dr. Boisragon, Dr. Broderip, the Rev. R. Warner, Mr. Creaser, Mr. Tudor, be Members of the said Committee, which shall not be less than twenty-four in number; that all Vice-Presidents shall be Members of the said Committee, and the said Committee be appointed for the purpose of considering and carrying into effect the important objects of this Meeting; that three of the said Committee shall form a Quorum, and shall be enabled to draw on the Treasurer for such sums as may be necessary, and shall report all its proceedings to another General Meeting.

That subscriptions be received at Messrs. Hobhouse and Co's Bank.

That the Physicians and Surgeons of the Casualty Hospital and Bath City Dispensary be invited to co-operate with the views of this Society.

On the motion of Sir John Cox Hippisley, it was resolved unanimously,

That a Copy of these Resolutions be sent to the Chairman of the next General Quarterly Sessions, and also to the Grand Jury, at the ensuing Lent Assizes for this County, for their approbation and support.

On the motion of the Rev. Dr. Randolph, it was resolved unanimously,

That the Bishop of this Diocese be respectfully informed of the Resolutions of this Meeting, and requested to recommend the objects of it to the different parishes in his Diocese.

On the motion of John Wiltshire, Esq. seconded by J. Palmer, Esq. it was resolved unanimously,

That the thanks of this Meeting be given to B. Hobhouse, Esq. for his able, eloquent and impressive Address from the Chair; and to Mr. Creaser, for his unremitted and important services towards the formation of this Society.

Signed B. HOBHOUSE, Chairman.

VACCINE INOCULATION.

Statement of the Number of Persons inoculated at the Stations of the Royal Jennerian Society, in eighteen Months, from the Quarterly Reports.

Central House - - -	2911	Bishopsgate - - -	1070
Surry Chapel - - -	2110	Hoxton - - - -	816
Maze Pond, Southwark	387	Golden Lane - - -	579
Rotherhithe - - -	510	Clerkenwell - - -	245
Shadwell - - - -	512	Gate Street, Holborn	216
Mile End - - - -	516	Mary-le-Bone - - -	1523
John Street, Minories	400	Westminster - - -	218
Inoculated before the Central House was opened -			275
		Total -	12288

N.B. In the same period, 19,352 charges of vaccine virus have been supplied from the Central House, in Salisbury Square, free of expence, to applications from most parts of the British empire, and foreign countries.

It will doubtless be highly gratifying to the public, to observe the remarkable decrease of deaths by the small-pox, as appears by the following comparative view, extracted from the Bills of Mortality:

January, 1803	181	1804	120
February	121		77
March	95		44
April	61		38
May	69		88
June	48		29
July	50		35
August	67		27
September	85		33
October	64		50
November	152		45
December	180		50
Total	1173	Total	586

This decrease will appear still more important when compared with the annexed statement of deaths by small-pox, for fifty years, within the Bills of Mortality, averaged by ten years.

From 1750	to 1759	19,642
1760	1769	24,435
1770	1779	22,039
1780	1789	17,121
1790	1799	17,685
	Total	100,922

Making an annual average of 2018 deaths per small-pox in fifty years.

The following is an annual statement of deaths in the present century:

1800	2409
1801	1461
1802	1579
1803	1173
1804	586

It is hoped the knowledge of these facts will be strongly promotive of the beneficial practice of vaccine inoculation, it appearing that the fatal disease of small-pox has progressively declined as the inestimable discovery of Dr. Jenner has been introduced.

A Cor-

A Correspondent, signed W. S. Hanslope, December 4, 1804, in a letter to the Editors, writes thus:

"As you occasionally admit into your Journal criticisms on medical words, no apology seems necessary for addressing to you the following communication.

"In the language of medical men themselves, MANMIDWIFE is the term applied to those who practise the obstetric art; but which is so indelicate, uncouth, and barbarous, as to be highly exceptionable. In the present advanced state of science and refinement of language, surely some other term, more appropriate and decorous, might be contrived to answer the same purpose. I will venture to propose one purely English. The OPUS OBSTETRICIS is termed a delivery; to substitute DELIVERER for MANMIDWIFE might not therefore be improper. This may not indeed be considered by the faculty as sufficiently technical; I have no doubt, however, but some of your intelligent Correspondents will be able to supply the *desideratum;* and then we may hope to see the present hermaphrodite expression consigned to merited oblivion.

The following extract from the circular letter addressed to the physicians of Public Institutions in London, will shew the zeal and activity of the Society for bettering the condition of the poor.

"Another desirable object of the Committee will be to form, in conjunction with the parishes in the Bills of Mortality, such a parochial plan for preventing the introduction of infectious fever within their respective limits, as may hereafter be adequate to the object of preventing the renewal and prevalence of febrile infection in the Metropolis, without any further call for Parliamentary aid.

"With these views, the Committee solicits assistance and information, for the attainment of an object, which is important, not only to all classes of persons in the Metropolis, but to the country at large.—The enclosed queries will shew the nature of the information to which we request your early attention; hoping that, by a speedy answer, you will favour the Committee with assistance, in forming its plan of operation.

We have the honour to be,

Your faithful and obedient Servants,

S. DUNELM. W. WILBERFORCE.
SOMERSET. N. VANSITTART.
GEORGE ROSE. T. BERNARD.
R. PEELE.

"QUERIES from the Select Committee for preventing the spreading of contagious malignant Fevers in the Metropolis.

"1. What are the streets, courts, alleys, and other places in your neighbourhood where infectious fever prevails?

"2. How

"2. How long has the infection continued in any such place respectively?

"3. What means have been adopted by the parish, or neighbourhood, for curing such fever, or for preventing the spreading of the infection?

"4. How far can the Select Committee be useful in assistance towards such an object?

"5. How far do you think your parish, or any hospital in your neighbourhood, will be disposed to further the objects of the Select Committee?

"6. Have you any other observations or suggestions to offer to the Select Committee?"

"*Please to address your answers to the* SELECT COMMITTEE *for* PREVENTING CONTAGIOUS FEVERS, *No.* 190, *Piccadilly.*

A Pamphlet has been sent to us, attempting to demonstrate that the grease in horses is the same as scrophula in the human subject. It has been already suggested, that it would be *infra dignitatem* to pay any attention to such a production, and therefore we decline troubling our readers with any further notice of it.

Mr. CHARLES BELL has submitted a proposal to the Managers of the Royal Infirmary of Edinburgh, for the establishment of a Museum under the patronage of the Hospital; with considerations on the means of improving the knowledge of morbid Anatomy. In this address Mr. B. endeavours to impress the Managers with the utility of such an establishment, and the ease with which it may be formed. On both these points, we suppose, there will be little difference of opinion; but we doubt much whether this pamphlet will in any degree contribute towards the end proposed. The "war of passion and prejudice," which delayed this proposal, will doubtless be rekindled by the terms which it implies.

Lecture Room, No. 18, *Wilmott Street, Russell Square.*

Mr. MILBURNE's Lectures on Physiology, or Doctrine of the Animal Economy, will commence on Wednesday evening, the 20th inst. and be continued every succeeding Wednesday and Saturday evening, at eight o'clock precisely; the course will be illustrated by anatomical preparations, drawings, prints, &c. &c.

Further particulars may be known by applying to Mr. M. at the Lecture Room.

Mr. MOOR, Surgeon Dentist to Her Royal Highness the Duchess of York, will commence his Spring Lectures on the Structure and Diseases of the Teeth, on February the 14th, at his house, No. 6, Palsgrave Place, Temple.

SIR

Sir John Sinclair, whose unwearied industry on every subject to which he turns his attention must command the gratitude and admiration of the public, is at present engaged in the composition of a work, founded on experience and a system of extensive enquiry, to be entitled, "The Code of Health and Longevity." The patriotic author proposes to divide his work into the three following parts: 1. The circumstances which necessarily tend to promote health and longevity, independent of individual attention. 2. The rules which, if observed by an individual, have a tendency to preserve health and existence, even where these independent circumstances are wanting. And, 3. The regulations by which the general health and safety of a great community are protected from the various injuries to which they are likely to be exposed.

Messrs. A. and C. R. Aikin have, for a considerable time, been preparing for publication a Dictionary of Chemistry and Mineralogy, with their application to Arts and Manufactures. This work has been some time in the press; it will be be comprised in two quarto volumes, and be published with expedition.

Dr. Clutterbuck is about to publish an Inquiry into the Seat and Nature of Fever, as deducible from the Phenomena of the Disease, and the Principles of the animal Economy; in which he hopes to determine more satisfactorily than has been hitherto done, some disputed points of this long contested subject.

Dr. Stock, of Bristol, has in the press a work, entitled, Medical Collections on the Effects of Cold as a Remedy in certain Diseases.

Dr. Thornton will publish, in a short time, an Answer to the various Objections raised against Vaccination, with Proofs of the Efficacy of the Cow-pock, intended principally for the use of Families.

The Editors think it a duty which they owe themselves and the Medical World to state, that a number of Actions have been commenced against their Printer and different Booksellers, by an Attorney of the name of Smith, of Robert Street, Adelphi, at the Suit of "William Brodum, Esquire," for the publication of the paper which appeared in the last Number of this Work, on the subject of Quacks and Empiricism. The Trials of these Actions are expected to come on, in the Court of Common Pleas, about the middle of February.

To CORRESPONDENTS.

Dr. Hall's paper on Catarrh, Mr. Hume's paper on modern Pharmacopœias, and a Review of Dr. Jackson's "Remarks on the Constitution of the Medical Department of the British Army, with a Detail of Hospital Management," will appear in our next Number.